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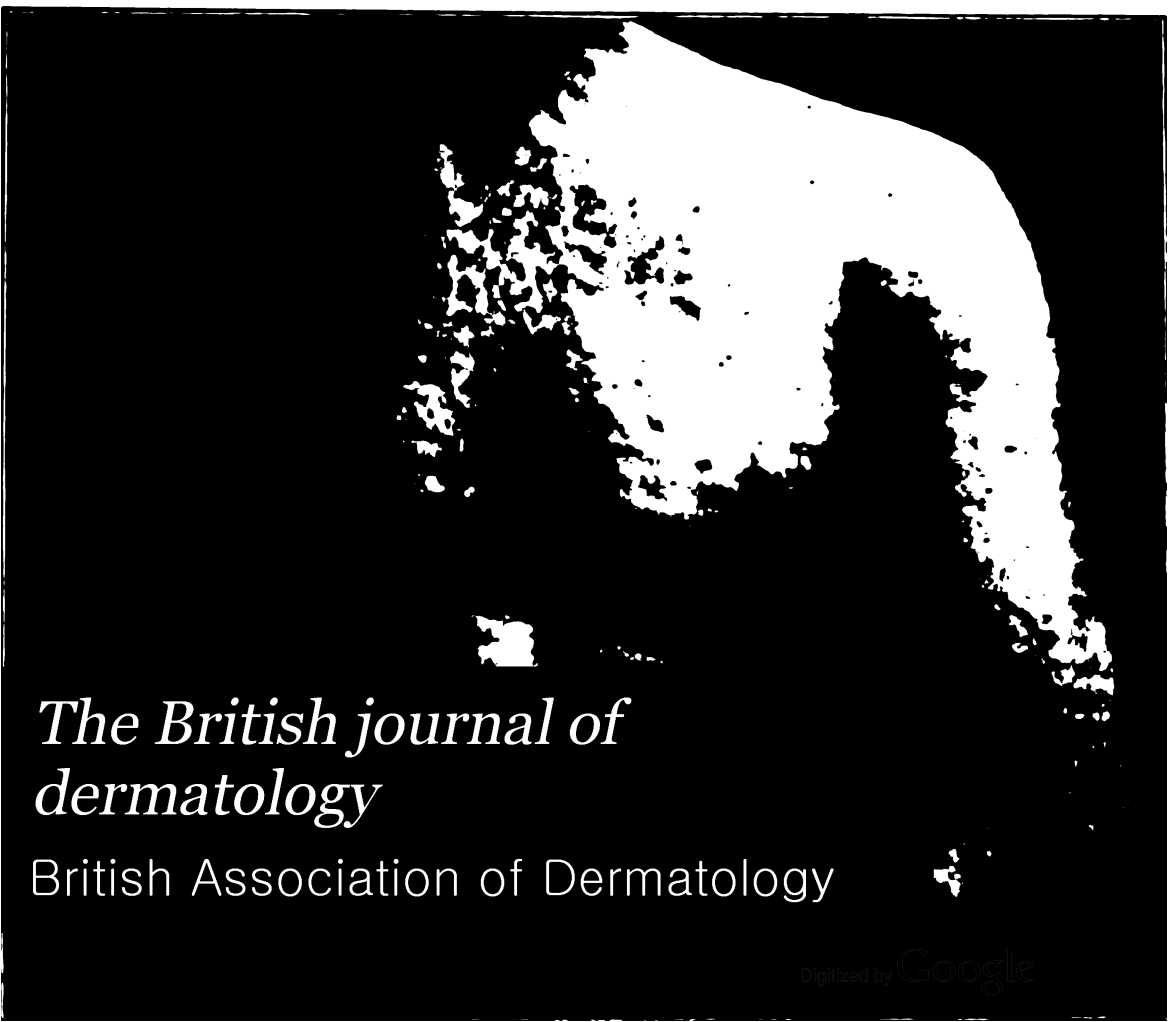
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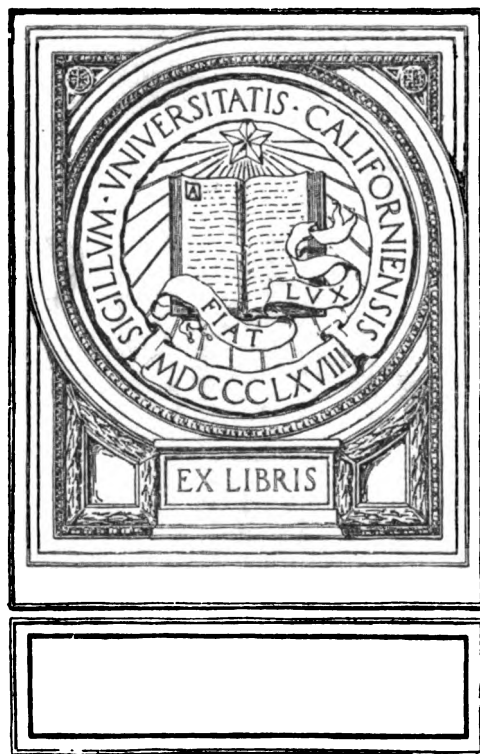
FIG. 1



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## A CASE OF MULTIPLE LEIOMYOMATA OF THE SKIN.

BY WALLACE BEATTY, M.D., F.R.C.P.I.,  
*Physician to the Adelaide Hospital.*

IN May, 1906, a young gentleman, aged 28 years, consulted me for an eruption on the left side of his forehead, on the front of the chest, and on the left upper extremity. He had been told it was acne. The limitation of the eruption on the face to a tract apparently in the course of the left supra-orbital nerve—the lesions consisting, with the exception of one or two pustules, of solid, acne-like nodules—struck me as very remarkable and not compatible with an ordinary acne. I thought of lymphangioma, but on puncturing a nodule I found it did not contain any fluid. I also thought of acnitis.

Dr. Walter Smith kindly saw the patient at my request. We agreed that the case was an exceptional and puzzling one, and that without a histological examination the diagnosis was impossible. The patient consented to have a nodule removed from his left forearm. Mr. T. E. Gordon excised the nodule for me. On microscopical examination, the details of which I shall describe presently, I found I had to deal with multiple leiomyomata of the skin.

I shall first give the history and describe the clinical appearances, and then give the histology.

The young man has always been healthy. He has five brothers, all healthy and none affected as he is. His father and mother are dead; the former died of peritonitis, the latter of bronchitis and heart trouble. He has no sisters. The eruption has been present

about five years. He cannot give a very reliable account of its onset, but he said that he believes it came on the front of the chest first, and shortly afterwards on the other places (forehead and upper extremity).

He also thinks that the nodules came out all together, not in crops or successively, that the whole thing started almost at once, but gradually became more pronounced and prominent.

There has been no increase, at any rate for the past year. His attention was not drawn to the eruption by any subjective symptoms; he had no discomfort, pain, or itching. The only subjective symptoms which he has had, and which appear to be trifling, are that on a cold day the pressure of his hat causes a little soreness, hardly amounting to pain, and that in the winter on a cold morning the cold water of his bath occasions some smarting pain in the skin of the front of the chest; sea bathing has the same effect. Pressure on the spots causes no discomfort.

The eruption is present on the left side of the forehead, the front of the upper part of the thorax, the left shoulder, arm, and forearm, in the skin over the left scapula, and very slightly over the right shoulder and right scapula.

*Forehead.*—The area involved is about 2 inches in breadth; it extends from the left eyebrow to the border of the hair. It is bounded on the right side by the central line of the forehead; the lesions do not reach all along quite to this central line, but none transgress it. The inner half of this area is the most prominent. It consists of pale-red nodules, mostly about 4 mm. in diameter, some coalescing with each other to form conglomerate nodules. The nodules are very firm to the touch; where they are massed the skin is much thickened. This tract narrows towards the upper part, and close to the hair it terminates in a single nodule, 4 mm. in diameter, which forms, as it were, the apex of this prominent tract. The outer half of the forehead area consists of scattered nodules, mostly of the colour of the skin; in places between these nodules the skin surface is uneven, as though growth was commencing beneath the surface. Except for one slightly raised, pale-red, papular lesion in the skin of the centre of the right side of the forehead of doubtful nature, and the presence on the left side of the face of two small telangiectases (to the left of the nose below the lower lid and on the centre of the



FIG. 1

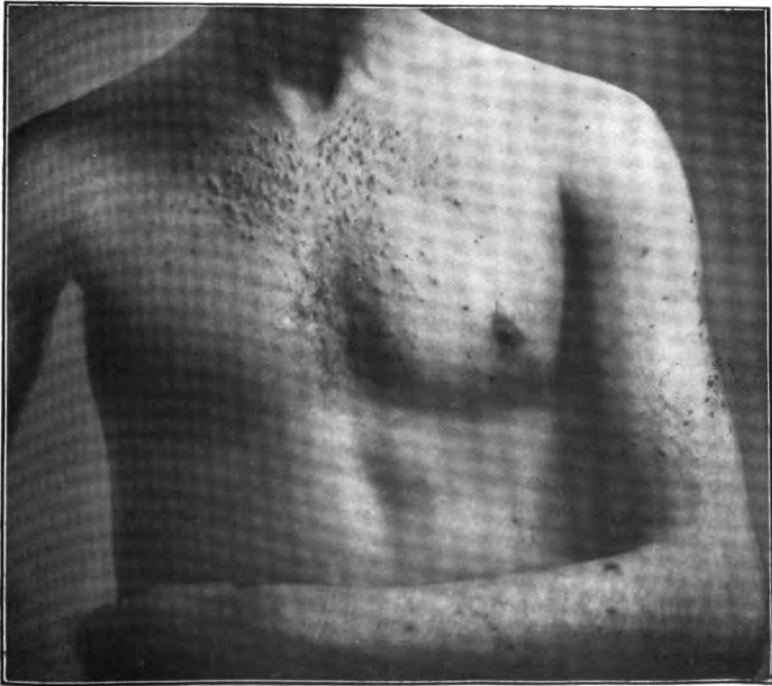


FIG. 2.

**MULTIPLE LEIOMYOMATA OF THE SKIN.**



cheek) the face is free from lesions. The skin of the forehead generally is slightly greasy—a slight seborrhœa; this gives a shiny appearance to the nodular lesions, but his face is certainly not an acne face.

*Front of the chest.*—The skin of the front of the upper part of the chest bilaterally presents numerous nodules. The area involved is roughly triangular in shape, the base is at the level of the lower border of the clavicles, the apex (an open angle) does not quite reach the lower transverse level of the mammæ. Below the lower transverse level of the mammæ there are no nodules on the trunk, and above the base line on the neck there are also no nodules.

The nodules are closely set and firm; in places there are linear ridges of coalesced nodules (lichen-like) running in the line of the hair-follicles on each side obliquely downwards and inwards. These start above each clavicle as very slightly raised lines 1 mm. in thickness, seen well with a lens; a little below the clavicles they become more raised and distinct. The nodules vary somewhat in size, 2—4 mm., or at most  $\frac{1}{2}$  cm. in diameter; a few are specially prominent and spherical, all feel very firm to the touch. The nodules are of a pale red colour. Between them the pilo-sebaceous orifices are dilated, more so than in the unaffected portion of the skin around.

*The left shoulder, left scapular region, and left upper extremity.*—The nodules are numerous over the deltoid region; a group is present over the supra-spinatus muscle, another over the outer part of the spine of the scapula. All down the back and outer side of the arm the nodules extend, numerous and close together, and of a very slightly red colour; indeed, some are of the same colour as the skin. On the skin of the left forearm the nodules are present on the radial side and the radial half of the extensor and flexor aspects.

*The right upper extremity and scapular region.*—There are a very few lesions present, a small group in the skin over the lower part of the scapula behind, and a few small nodules on the shoulder.

There is nothing further to note about the skin except that about an inch and a half to the left of the spine at the level of the second dorsal vertebra a small nævus sanguineus, 2 mm. in diameter, is present.

To summarise:

(1) The nodules are distributed mostly on the left side of the upper



part of the body, but on the front of the upper part of the thorax they are bilaterally and symmetrically present. The lower part of the trunk and the lower extremities are unaffected.

(2) The colour of the nodules is pale pinkish-red, or that of the normal skin.

(3) In size the nodules vary from 2 to 4 mm. in diameter. In places they are conglomerate (forehead), in places they run in the lines of the hair-follicles to form ridges, but for the most part they are distinct from one another though more or less close together.

(4) The consistence is very firm, but I could hardly describe them as of cartilaginous hardness as Dr. Franz Krzysztalowicz described them in his case (*Monats. f. prak. Dermat.*, vol. xlii, p. 304).

(5) There are no subjective symptoms except smarting when exposed to great cold.

(6) There seems to be increased activity of the sebaceous glands on the forehead and chest, but very little acne. A few pustules which were present on the forehead when he came to me in May were accidental and have not recurred; there are a very few scattered acne-like papules on the back of the chest.

#### HISTOLOGICAL EXAMINATION OF EXCISED NODULE.

The nodule was cut into two parts; one half I fixed and hardened in absolute alcohol, the other half I fixed in Zenker's fluid (*i. e.* Müller's fluid saturated with corrosive sublimate plus 5 per cent. of glacial acetic acid), and then hardened in successive alcohols. A vertical section from the alcohol fixed and hardened portion stained with Ehrlich's acid hæmatoxylin showed that the structure is that of a leiomyoma. In the deeper part of the corium bundles are seen forming a branched mass rather than a network (see Fig. 3). The elongated nuclei of the muscle-cells are well seen. The nuclei show a well-marked nucleolar network, the chromatin forming variable-sized granules. Two nodules in a line in juxtaposition in places point to dividing nuclei. The muscular bundles are cut longitudinally, obliquely, and vertically. The mass of the myoma is in the deeper part of the corium, but in a few places narrow strands of cells ascend obliquely from the main mass almost to the epidermis. These strands show elongated nuclei resembling the muscle nuclei of the main mass.



FIG. 3.

**MULTIPLE LEIOMYOMATA OF THE SKIN.**

**PHOTOMICROGRAPH BY PROF. J. ALFRED SCOTT.**

**× 50.**



Sections stained with logwood and van Gieson show very well the structure of the growth. The muscle is stained yellow, the nuclei blue, and the connective tissue red. My sections, thus stained, are the *facsimile* of Marschalkó's plate (*Monats. f. prak. Dermat.*, October, 1900).

Sections stained with polychrome methylene blue and alcoholic orcein (Unna's stain for smooth muscle) show the muscular fibres bluish, the nuclei blue, and the collagen reddish brown.

Sections from the Zenker-fixed portion of the nodule stained with eosin, and Loeffler's methylene blue also show the structure. The protoplasm is of a pale pinkish-red colour, the nuclei blue, and the connective tissue red. No blood-vessels except the ordinary capillaries of the tissue are observed.

In a few sections there is a thick, muscular bundle close to a sebaceous gland and portion of a hair. This bundle is evidently part of the myoma. I was not successful in finding connected with this bundle an arrector pili. The presence of this bundle close to the hair and sebaceous gland leads me to suspect, but not prove, the origin of the myoma from the arrectores pilorum.

Note also the lines of nodules in the course of the hairs on the chest, which is very suggestive.

A section stained by Unna's method for elastin (logwood and acid orcein) shows elastic fibres present among the muscular bundles and plentifully in the upper part of the corium and the papillæ. No micro-organisms were found in sections stained by the Gram-Weigert method.

A few weeks after the nodule was excised a small painless keloid growth formed at the site of the excision.

Marschalkó had a similar experience.

#### LITERATURE.

In the *British Journal of Dermatology*, vol. ix, 1897, Crocker described a case of Myoma multiplex and gave a *résumé* of the cases up to that time published. His case was the eleventh on record, or, if two cases described by Wolters are reckoned which Crocker suspected might be Xanthoma multiplex, the thirteenth. A few years later Roberts (*British Journal of Dermatology*, vol. xii, 1900) took up

the history where Crocker left it, and gave a short account of four fresh cases recorded since Crocker's paper, adding one of his own, thus bringing up the number to eighteen. Roberts omitted Pringle's case, probably because the diagnosis was made on clinical grounds only, and was not confirmed by histological examination. Since Roberts' paper I have collected seven cases, all except one (Fox's) confirmed by the microscope. I shall first briefly refer to Pringle's patient and then give a short account of the remaining seven. My case, as far as I can ascertain, is the twenty-seventh case recorded.

PRINGLE'S CASE. (*Brit. Journ. Derm.*, vol. x, 1898).

Boy, aged 13 years. Exhibited at Dermatological Society, London. Three solid elevations, largest pea-sized, colour paler than surrounding skin, of elastic consistence, united in linear fashion, were situated below and outside left angle of mouth. They had gradually developed during the preceding six months. They were painless; no subjective symptoms. No biopsy had been made. There was nothing further to note about the skin except that there were a few small milia present on the left lower eyelid and both sides of nose.

MARSCHALKÓ'S CASE. (ILLUSTRATED.) (*Monats. f. prakt. Derm.*, 1900.)

Man, aged 28 years, peasant. Personal and family history healthy. Disease began eight years previously, suddenly, on extensor aspect of the right leg and on the sternal region. Violent itching occurred for some days on these places, before the nodules appeared; when the nodules appeared the itching gradually lessened. Patient's statement that the nodules appeared within eight days, but gradually grew larger, Marschalkó thinks must be received with reservation, as, later, nodules appeared on the right thigh. Soon after the nodules appeared pain occurred, principally in the larger lesions. It occurred spontaneously several times a day, and was the cause of the patient's coming for help.

*Condition when seen by Marschalkó.*—On extensor surface of the right leg about its middle were several (at least a hundred), mostly closely aggregated, but partly scattered, pin-head-sized to bean-sized, very firm nodules in the skin; the smaller ones were yellowish or pale brown, the larger more bluish-red. In shape they were spherical, oval, conical, but some irregular, polygonal. In consistence they were extraordinarily firm—some of cartilaginous hardness. Colour, removed by pressure, returned immediately.

On the extensor surface of the lower half of the left thigh were forty to sixty similar nodules, but more scattered and more uniform in size—pea-sized. On the lower third of the right thigh were some scattered smaller nodules.

Pain, both spontaneous, and on touch and pressure, was marked. The spontaneous pain (burning, stinging) occurred in paroxysms two or three times a day, lasting a few minutes, and was preceded by violent itching. Pain was influenced favourably by warm, unfavourably by cold (winter) weather. The pain was

chiefly in the larger nodules. There was no pain in the thigh nodules, which were small. Drawing the hand lightly over the larger nodules caused considerable pain, and compression was unbearable, making the patient shriek.

Marschalkó excised two nodules and stained sections in various ways. He found that the tumour was imbedded in the cutis, beginning close to the upper border of the cutis and spreading to the subcutaneous tissue. At the summit of the nodule the tumour reached close to the papillary body; here the papillæ had partly vanished and the epithelium was thinned. The tumour consisted of smooth muscle-cells running in every direction. Some of the muscle-cells were of enormous size with large sausage-shaped nuclei. The muscle-cells divided amitotically. Collagen fibres surrounded the larger muscular bundles, and single very fine collagen fibres reached between the finer muscular bundles and formed a kind of network. The elastic tissue in the tumour, Marschalkó stated, was strongly increased. He described the collagen bundles to be everywhere accompanied by very numerous elastic fibres, and between single muscle-cells, besides the collagen fibres, he found an elastic fibre network. There was nothing special to note about the blood-vessels. The media was quite normal; in places in the papillary body and upper part of the cutis the vessels were somewhat widened, and around them a considerable infiltration of round cells, but there was no change in the vessel-walls to point to their being the starting-point of the tumour. Marschalkó derived the origin of the tumour from the arrectores pilorum; thus he found the hair-follicles present everywhere imbedded in the tumour mass, and at the border of one nodule he found a hair-follicle which only on one side, corresponding to that of the arrector pili, was surrounded by the tumour mass—*i. e.* a direct transition of the muscular bundles of the arrector into the tumour. (He illustrated this by a figure.)

Marschalkó noted that at the site of one of the excisions a painless keloid developed.

MORRIS'S TWO CASES. FATHER AND DAUGHTER. (*Exhibited before Derm. Society, London, 1900.*)

CASE 1.—Man, aged 54 years. Multiple myomata of the skin, situated on the left side of the chest.

CASE 2 (exhibited before Derm. Society, London, 1902).—Woman, aged 29 years. Daughter of last. Tumours on the right leg and thigh.

COLCOTT FOX'S CASE. (*Exhibited before Derm. Society, London, 1902.*)

Man, aged 19 years. Thickly disseminated reddish, projecting, smooth, rounded, or oval lesions, pin's head to split-pea-sized, of elastic consistence, situated on the left cheek. Duration, nine years. The nodules were not tender; no neuralgia. No biopsy had been made.

BRÖLEMAN'S CASE. (*Abstract by MacLeod. Brit. Journ. Derm., vol. xvi, 1904.*)

Man, aged 29 years, healthy. Numerous small, reddish tumours, in size up to a cherry, painful on pressure, situated in skin below the left breast, and on the back

between the shoulders. They appeared first at age of eighteen. On microscopic examination the tumour mass was situated in the corium; the epidermis over it was thinned. The tumour was enclosed in a dense connective-tissue capsule, from which septa passed into the growth, giving it a lobulated structure. The main mass was connected with an arrector pili and was composed of unstripped muscular tissue.

KRZYSZTAŁOWICZ'S CASE. (*Monats. f. prakt. Derm.*, 1906.)

Girl, aged 19 years. Duration of affection at least ten years. Situation: nodules on edge of the right ala nasi, on the skin septum, and on the upper lip. The nodules varied in size—millet-seed to bean-sized; the larger nodules were made up of smaller ones; colour varied, yellowish-rose and blue; they were mostly of oval shape and of cartilaginous consistence. The skin covering them was stretched and shining. There was no pain, either to touch or spontaneously.

Microscopically the excised nodules were for the most part composed of a greater or less number of smaller nodules which were separated from one another and from the neighbourhood by connective tissue. The surrounding connective tissue formed a kind of capsule. Fine connective-tissue fibres ran into the nodules and separated them into small bundles consisting of smooth muscle-cells. The neoplasm took in the entire thickness of the cutis from the papillæ to the subcutaneous connective tissue: some nodules reached so high that they were separated by quite a slender streak of collagen from the epidermis; here the epidermis showed no papillary border. In other places the papillæ were preserved.

There was a remarkable poorness in vessels and a deficiency in elastic fibres. As to the origin of the tumour, Krzyształowicz could not, from the microscopical examination of his sections, conclude with certainty that the arrectores pilorum formed the starting-point, but he considered this origin the probable one. He was able to exclude a vascular origin, as the muscle-layer of the blood-vessels was not thickened and the vessels within the nodule were very small and scanty. He also found no connection with the sweat-coils or sebaceous glands. A connection with the hair-follicle existed only up to a certain degree—the hair-follicle was found in certain places within the nodule. In isolated nodules the hair-follicle was limited by a sharply marked neoplastic bundle out of which the entire nodule arose.

NOBL'S CASE. MYOMATOSIS CUTIS DISSEMINATA. (*Abstract in Monats. f. prakt. Derm.*, May, 1906.)

I have not had an opportunity of referring to the original paper.

Nodules, pea- to bean-sized, reddish-brown, of cartilaginous hardness—a pure leiomyoma; histologically, plainly related to the arrectores pilorum.

WOLTERS described, in the *Monats. f. prakt. Derm.*, vol. xli, p. 156, an unusual change of the skin over a meningocele. He found in the skin a great number of smooth muscular fibres, which ran almost parallel to the surface,

forming thick masses from which scanty and slender outrunners ran more vertically to the papillary body. He found the media of the vessels more strongly developed than normal and rich in cells; out of it stretched delicate processes into the muscular mass. A part of the muscular bundles was in connection with the arrectores pilorum of the few hairs which were present; the greater number of the remaining muscular formations arose in all probability from the muscles of the vessels. He looked upon this as a compensatory hypertrophy of the smooth muscular fibres to oppose the increasing meningocele.

This case I have thought worth alluding to on account of its very interesting and exceptional character, but it cannot be placed among the list of multiple cutaneous myomata.

It is worth noting that in Audry's and Herzog's cases the myoma consisted of a solitary nodule, so, strictly speaking, they are instances of *Myoma cutis*, not *Myoma cutis multiplex*.

HARDAWAY, in 1905, gave a further Report of his, the *Fifth Case on record*.

The tumours, excised in 1885, gradually recurred, and the pain, which had disappeared for eight or nine years, returned—violent pain, both spontaneous and on pressure.

The classification, symptoms, histology, and pathology of multiple myomata of the skin have been very ably and thoroughly dealt with by various writers, among others Besnier, Crocker, Marschalkó, and quite recently by Krzysztalowicz.

Subjoined is a list of the cases of multiple myomata of the skin in the order in which they have appeared in medical literature as far as I have been able to ascertain. (Group 1 of Besnier, "*Myoma simplex*"—"Dermatomyomata properly so called.")

#### LIST OF CASES.

1. VERNEUIL.—*Bull. de la Soc. Anat.*, 1858.
2. BESNIER.—*Ann. de Derm. et Syph.*, 1880 and 1885.
3. ARNOZAN and VAILLARD.—*Journ. de Med. de Bordeaux*, 1881; *Ann. de Derm. et Syph.*, 1881.
4. BRIGGIDI and MARCACCII.—*Imparziale*, 1881; *Ann. de Derm. et Syph.*, 1882.
5. HARDAWAY.—*Amer. Journ. of Med. Sci.*, 1886.
6. HESS.—*Virchow's Arch.*, Bd. 120, 1890.
7. JADASSOHN.—*Ibid.*, Bd. 121, 1890.
8. JADASSOHN.—*Ibid.*
9. LUCASIEWICZ.—*Arch. f. Derm. u. Syph.*, Bd. 24, 1892.
10. WOLTERS.—*Ibid.*, Bd. 25, 1893.



11. WOLTERS.—*Ibid.*
12. JARISCH.—*Derm. Kongress. Gratz.*, 1895.
13. CROCKER.—*Brit. Journ. Derm.*, 1897.
14. NEUMANN.—*Arch. f. Derm. u. Syph.*, Bd. 39, 1897.
15. AUDRY.—*Ann. de Derm. et Syph.*, 1898.
16. HERZOG.—*Journ. of Cut. and Gen.-Urin. Dis.*, 1898.
17. PRINGLE.—*Brit. Journ. Derm.*, 1898.
18. WHITE.—*Journ. of Cut. and Gen.-Urin. Dis.*, 1899.
19. ROBERTS.—*Brit. Journ. Derm.*, 1900.
20. MARSCHALKÓ.—*Monats. f. Prakt. Derm.*, Bd. xxxi, 1900.
21. MORRIS.—*Brit. Journ. Derm.*, 1901.
22. MORRIS.—*Ibid.*, 1902.
23. FOX.—*Ibid.*, 1902.
24. BRÖLEMANN.—*Arch. f. Derm. u. Syph.*, 1904.
25. KRZYSZTAŁOWICZ.—*Monats. f. Prakt. Derm.*, 1906.
26. NOBL.—*Arch. f. Derm. u. Syph.*, Bd. lxxix, 1906.
27. WALLACE BEATTY.—*Brit. Journ. Derm.*, xix, 1907.

## CLINICAL NOTES.

By A. WINKELRIED WILLIAMS, M.B., C.M.EDIN., D.Ph.,  
*Physician to the Skin-Department, Royal Alexandra Hospital  
 for Sick Children, Brighton.*

(I) *A Case of Epidermolysis bullosa in which there was Evidence of  
 Antenatal Development of the Condition.*

The patient, a girl, was five years old when I saw her with Mr. H. H. Taylor at the Royal Alexandra Hospital in 1902.

It was a case of Epidermolysis bullosa, but no evidence of the disease could be traced in other members of the family. The following are short notes of the case.

*Family history.*—The mother and father were healthy. There was no known history of syphilis. Two children older than patient were quite healthy. There was no history of similar disease in either the father's or the mother's relatives.

*Past history of case.*—Born at full term; healthy-looking infant, but with firm adhesions of various parts of body, which had to be separated by surgical operation. The adhesions were as follows:

- (1) Hands and wrists joined together back to back.
- (2) Left elbow joined to left chest below nipple.
- (3) Inner sides of knees joined.
- (4) Ankles joined one across the other.

No bullæ or sores were present at birth. The first eruption of bullæ was noticed on the arms and legs about two weeks after birth; they were a little distance from the raw surfaces left by incisions made to free the adhesions (result of pressure or friction of bandages?). Bullæ leaving sore excoriations continued to be raised, and the child has had to be more or less under treatment for them all her life.

*Present condition.*—The child was badly nourished and small for age. Her hair is thin, her nails atrophic, and her temporary teeth are brown and notched. All over the body, especially on back and limbs, are thin white scars. Evidence of the adhesions at birth are seen in marked cicatrices on backs of hands, inner side of left elbow, left lower ribs, inner aspect of knees, and dorsum of left foot; the last cicatrix is surrounded by considerable pigment. Bullæ mostly flaccid, and excoriations exist over the ankles, below the knees, and also between the toes.

Under protective and antiseptic treatment these lesions rapidly healed and the child left hospital. She returned in a few weeks with large bullæ and excoriations over the front of the ankles and dorsum of both feet, where the boots she was wearing caused some pressure and friction.

The friction required to raise bullæ in this case was considerable, but immeasurably less than in a normal patient.

*Note.*—I could find in previous records no case mentioned in which the condition existed *in utero*.

## (II) *A Case of Lupus of Vaccination Area.*

During a visit to M— I was asked by Dr. A— to see a child's arm. The infant had been brought to him several months after successful vaccination with small papules developing all over the vaccination scars. These soon became typical apple-jelly, lupus nodules. They did not ulcerate, and showed very little tendency to spread beyond the vaccination area. Several other children vaccinated with the same strain of lymph remained perfectly healthy. The history showed that the mother had been persuaded by a wise person in the village to apply, without informing the doctor, a cow-dung poultice to the arm after the vaccinia vesicles had formed.

(III) *Case of Giant Urticaria apparently caused by Absorption of Toxines from a Chronic Suppuration of Middle Ear.*

A. B—, railway cloak-room clerk, asked my advice several years ago about an irritable eruption that gave him great distress, at times suggesting black eye and fighting.

It was a case of Quincke's disease with in some areas hæmorrhages in the corium. His diet was good—fresh meat and vegetables daily—he was regular in his general habits, and a teetotaler. For several months I tried various treatments—modifications of diet, calcium chloride, etc.—but without success. Fortunately I noted one day a familiar smell suggestive of putrid ear-discharge, and on investigation found he had had for several years an otorrhœa. He could not say for certain whether the onset of the eruption was associated with the ear discharge. I found granulations on the meatus and perforation of the membrana tympani. Touching the granulations with chromic acid, followed by weak formalin douching and boric acid and glycerine drops, soon stopped the discharge, and with its stoppage the urticaria ceased. A few weeks ago I saw my patient, now a station-master at a country railway station, and learned that he has at times slight attacks of urticaria but has never had any return of the large swellings.

(IV) *A Peculiar Case of Multiple Cutaneous and Subcutaneous Tumours.*

In 1898 I was asked by Mr. R. F. Jowers to see a case of his at the Sussex County Hospital. The following are notes made on the case.

*History.*—Mrs. M. S—, aged 61 years. She has five children living, one is dead from measles; she has had no miscarriages. The age of youngest is now twenty-one years. Her family history throws no light on patient's condition. No history of anything like syphilis is obtainable from her husband or herself. Previous health is not very good but she has never had any serious illness. Her home surroundings are good.

*Present illness.*—Fifteen years ago a strain and blow on shoulder was followed by a "lump," not very painful; it lasted a few months, leaving shoulder thinner. The leg of the same side afterwards became

affected. Numerous hard "knots" came under skin, especially on the inner and posterior aspect of the calf. The thigh was not yet affected. The lumps were not preceded by any redness, scaling, or skin trouble whatever. There was no pain, but the leg seemed weak and ached after work. The lumps increased in size, and in two or three months an eruption came on the skin over some of the lumps, especially those near the knee (attributed by patient to kneeling). The eruption was dry, and no ulceration had ever occurred. The lumps afterwards became smaller and went away; some fresh ones came, but also after a few months disappeared. On the site of the eruption pigmented, scar-like patches remained, and the entire leg became very thin. For five years the patient remained free from the trouble, but on the change of life the lumps returned on the same leg, the thigh as well as leg being affected; those on the thigh were rather tender to pressure. Lumps continued to come and go, and the patient was never free from them until five years ago, when during a severe attack of influenza they practically all vanished. Later on they gradually returned. Six months ago a skin-eruption similar to the one formerly on the leg appeared on the thigh.

Two and a half years ago, when nursing an invalid sister, the patient got in a bad state of health, and when in this condition found one morning an earwig under her pillow. This led her to examine her ear, and she found a lump inside the meatus on the same side as the affected leg and shoulder. The ear *afterwards* ached, there was no discharge, no noted deafness, but occasional clicking tinnitus. Twelve months later the lump invaded the cheek and gradually spread towards the eye as a hard ridge, leaving behind a flat, depressed area.

*Present condition. Left shoulder.*—There are areas of glossy, atrophied skin, with slight capillary telangiectasis.

*Left leg.*—It is one and a half inch less in circumference than the healthy leg. Thin, dry scales in places cover the skin. Over the region below the knee is a four inch long *café-au-lait*-coloured, smooth-surfaced patch, slightly depressed below surface. All over the leg traces of irregular hardness can be felt on pinching up the skin and subcutaneous tissue. Over the head of the tibia a hard nodular mass larger than a filbert projects. Two areas of atrophic pigmented skin exist on the outer side of knee. There are several nodules in the skin and subcutaneous tissue along the borders of the popliteal space;

the more superficial of these have scaly papules of the skin over them. (*N.B.*—These nodules apparently reached the papillary layer of the corium, and so the papules are practically continuous with them.) The papules are raw ham to deep brown in colour, situated in the papillary layer; the epidermis is thinned over their surface, and they are surrounded by a collarette of scales.

*Left thigh.*—The whole thigh on palpation feels like a bag full of balls. The balls are tumours varying in size from a pea to a pigeon's egg. They are mostly situated in the subcutaneous tissue, many in its deepest parts, but are not attached to the fascia; some of the older ones invade the true skin. Some are cartilaginous in hardness, others soft and elastic. They are not tender to moderate pressure. The recent ones are smaller and deeper than older ones. Those invading superficial tissue have papules on the surface skin. The papules resemble those on the leg, and are generally arranged in crescents. Some papules by peripheral extension have become confluent, forming bands of spreading serpiginous disease. Some of the older papule-surmounted nodules are softer in the centre, with a hard border; others have shrunk up into small, hard, subcutaneous nodules; none show any tendency to suppurate or ulcerate. The older papules are flattening down, and glistening pigmented areas are all that are left of the oldest. The sensory phenomena are quite normal.

*Face.*—A ridge of cartilaginous hardness, about half an inch wide, extends from above downwards over the left cheek. It is not coloured; its surface is perfectly smooth; sebaceous follicles are not unduly dilated; it involves the whole thickness of skin, excepting the very superficial parts. Between the ridge and the ear glossy atrophied skin is left, the face being manifestly thinner than on the normal side. The atrophy involves the skin only. Similar atrophy is visible in the skin of the anterior wall of the external auditory meatus.

The lymphatic glands, though palpable, are not considerably enlarged. No examination of the blood was made. The patient would not consent to a biopsy.

Mr. Jowers decided to treat it as specific, and put the patient on iodides. Remarkably rapid improvement followed, and in a few months the tumours nearly all disappeared. A year later the patient said she was quite well; the atrophy and pigmented scars were all that was left of her malady.

## SOCIETY INTELLIGENCE.

## DERMATOLOGICAL SOCIETY OF LONDON.

A MEETING of the above Society was held at 11, Chandos Street, Cavendish Square, on Wednesday, December 12th, 1906, Mr. MALCOLM MORRIS in the chair.

The following cases were brought forward :

Dr. H. G. ADAMSON showed a case of *Lichen spinulosus*. The case was closely similar to one shown by the exhibitor at a meeting of the Society on October 10th, 1906 (*Brit. Journ. Derm.*, vol. xviii, p. 402). The patient was a girl, aged 6½ years. The eruption consisted of pin-head-sized, red papules, each with a central, projecting, filiform, horny plug. The lesions were thickly distributed, with a tendency to grouping, over the arms from the shoulders to the backs of the hands, and over the legs from the buttocks to the ankles. There were a few spines along the borders of the axillæ, several small groups of spines upon the forehead, upon the sides of the face, and upon the neck between the chin and the sternum. Many of the lesions were simply fine, white, spiny plugs without any papular formation, and according to the mother's statement they all began as such—"like little white threads"—while the redness came afterwards, as a result, she thought, of scratching. The eruption was extremely itchy. The child was rather thin and pale, and was said to get tired quickly if she walked. There was one other child in the family and he was not affected. The mother stated that the eruption first appeared two years ago, that it almost disappeared one year ago, and that it had been bad again for some three months. During the last few weeks, while under observation, several fresh groups of lesions had appeared, and these the exhibitor had satisfied himself had begun as simple filamentous spines without papule-formation.

Points of special interest about this case were—(1) the fact that the lesions had been observed to begin as simple spines without, at first, inflammatory papules, thus supporting the exhibitor's view that the affection was primarily a follicular hyperkeratosis, and (2) the presence of pruritus, which, though a feature of the follicular spiny eruption associated with *Lichen planus* in adults, was unusual in the *Lichen spinulosus* of children.

Dr. J. L. BUNCH showed microscopic preparations and cultures from two cases of *Alopecia cicatrisata* of Dr. Crocker's. The hairs were taken from the spreading edge of the affected areas and showed the typical swollen root-sheath, in which streptococci, scattered and in chains, were visible. The agar-cultures showed characteristic colonies of the same organism.

Dr. COLCOTT FOX presented, (1) for Mr. ROCK CARLING, a middle-aged woman with a *typical syphilitic initial lesion on the side of the right nipple*, enlargement and induration of the corresponding lymphatic glands at the anterior border of the right axilla, and a typical syphilitic "roseola" distributed over the trunk and upper arms. There was no sore throat and little, if any, adenitis. The chancre and eruption were first noticed three weeks previously, accompanied by severe headaches and bone-aches, worse at night. At present she complained that the right wrist was rather painful.

(2) A drawing of a very old woman showing *black senile warts over the face and forearms*, atrophy of the skin, and an extensive carcinoma of the right forearm, presumably originating in one of the warts.

(3) A drawing of the back of the hand of a sugar-planter, exposed to the sun for thirty years. The skin of the hands was atrophied, rather livid, pigmented, and dotted with peculiar warts exactly as from X-ray irritation. On one hand a probably rodent ulcer was growing.

Dr. WILFRID FOX showed—(1) a case of *œdema of the lips* in a girl aged 18 years. The œdema was firm and solid, but with no definite limiting edge, and was seen to be spreading backwards and upwards into the cheeks. She had first noticed the thickening of the lips four years ago, and at periods since then the swelling had been worse than at present, sometimes involving the lower eyelid. At other times the lips and face were almost normal. The patient, on coming to the hospital three weeks ago, showed a very septic condition of mouth, there being several decayed stumps and a considerable amount of pus oozing up from the gums around the stumps; there were also some septic cracks in the thickened lips. The carious teeth had been

removed and a mouth-wash given, but so far there was no diminution in the œdema.

Dr. PRINGLE mentioned the fact that sometimes these cases showed erysipelatoid attacks at intervals, after which the œdema increased.

Dr. ADAMSON suggested that some fluid should be withdrawn from the deeper tissues with a syringe to see if streptococci were present.

(2) A case of *psoriasis* in a man aged 32 years, which was remarkable for the various points in which it contradicted the usual diagnostic signs, differentiating the papulo-squamous syphilide from true psoriasis. In the first place, the rash was well marked on the face, and on the forehead it especially resembled a syphilide. The exhibitor confessed that when he first saw the patient come into the room he made the diagnosis of syphilis on seeing the face alone. Secondly, the rash was quite as much marked on the flexor aspect of the forearm as on the extensor. Thirdly, there was a complete absence of itching. There was also some stain left in the macules after the blood was expressed by pressure under glass. The patches on the knees were, however, typical of psoriasis, and the patient acknowledged that he had had syphilis eight years previously, the present rash only having been out four weeks.

Several members commented on the striking way in which the face suggested syphilis.

Dr. GRAHAM LITTLE showed a case of a *ringed erythematous eruption for diagnosis* in a woman aged 33 years. The first eruption appeared on the arms in August as rings, similar to those now present; these are a vivid pink, fading and becoming intenser at intervals. There is no itching or smarting. At the present time there are very numerous lesions distributed on the arms, chest, and legs. The woman has been married eighteen months and has not been pregnant. There are no enlarged glands and no history of specific disease; the woman, however, is anæmic, and the suggestion that the disease is syphilis is to this extent confirmed.

Several diagnoses were suggested, Pityriasis rosea, syphilis, and Erythema perstans being among those put forward.

Dr. J. M. H. MACLEOD showed a case of *folliclitis*. The patient was a well-nourished young woman, aged 18 years, who was employed as a clerk. The eruption was confined to the hands, and was distributed



chiefly in the neighbourhood of the metacarpo-phalangeal joints and on the backs of the fingers. It was papulo-necrotic in character and consisted of lesions, the majority of which were about the size of a split-pea. They began as red macules, which were round in shape and slightly raised in the centre. These gradually developed into indurated nodules of a livid or purplish colour. In the centre of the nodule a small adherent crust formed, covering a drop of more or less inspissated sero-pus. The crust tended to dry up or be removed by scratching, leaving a crateriform depression in the centre of the nodule. Finally, the lesion shrivelled and became replaced by a small white scar. Lesions in all stages of evolution were noted, and the time occupied in developing from the macule to the scar varied from ten days to a few weeks. The eruption was not painful, and the only subjective symptom associated with it was slight itching. This was the third attack of the affection from which the patient had suffered, the other two attacks having taken place in the two previous winters. It was essentially a winter eruption, having appeared in each season when the cold weather set in about the end of November and disappeared in May, the patient being free from the disease during the summer and autumn.

The patient seemed fairly healthy, though there were distinct evidences of a weak peripheral circulation. The hands were cold and clammy and presented a mottled, congested appearance, and she complained that they often felt so cold and stiff that she could scarcely write. About a year before, she had been operated upon for tuberculous glands in the neck, at Charing Cross Hospital, and there was a definite history of tuberculosis in the family, the mother having also suffered from tuberculous adenitis.

Dr. WHITFIELD showed a case of *hidradenitis of the hands* in a woman. The history showed that the patient had suffered for many years from tubercular glands, and had undergone nine operations for their removal. The hands were apt to be cold, and every winter blisters came out on them. When shown the hands were rather cyanotic, and the whole skin of the backs was pitted with fine scars where former lesions had occurred. There were present on exhibition several lesions in different stages showing the development of the lesions—namely deep-seated nodules, indolent pustules, and small

circular ulcers. The blood had been examined and the opsonic index to tubercle was 1.57. At present only one examination had been made and no inoculations. Dr. Whitfield proposed to make a curve of the opsonic index before commencing any bacteriological treatment. At present the case was being treated with nitroglycerine internally and iodine locally.

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THE DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND.

A MEETING of the above Society was held on November 28th, 1906, Dr. LESLIE ROBERTS, President, in the chair. The following cases were exhibited :

Mr. G. W. DAWSON showed a case of *Paget's disease of the breast*. The patient was a remarkably strong woman for her age, with no history of cancer in her family. Five years previously the disease began as a crusted patch on the left nipple, and had, by gradual eccentric extension attained its present size and oval form, the long diameter (6 in.) of which was horizontal. The surface presented a varied appearance ; here and there were excoriations which were of a bright red colour and exuded a clear watery discharge ; in other places the excoriations had healed and were covered by a very thin, bluish pellicle. Towards the edge of the patch, which was well-defined, there were no excoriations, and the colour was coppery and more or less translucent, showing in some places a minute network of vessels. The nipple had completely disappeared, and there was considerable pain at times. The glands in the axilla were not enlarged. There was no induration of the breast.

*Microscopically*.—The epithelium in places was broken down. There was great enlargement of the epithelial cells, numerous vacuolations, and mitoses. In the cutis there was a well-defined layer of plasma-cells and very large blood-vessels.

MR. HARTIGAN thought that the best treatment for these cases consisted in the application of the X-rays or radium.

(2) A woman with swellings around the roots of the nails of both hands and feet. She also suffered with chilblains and chronic

osteo-arthritis, and she had improved greatly under anti-rheumatic treatment.

Dr. ALFRED EDDOWES showed two cases: (1) a case of *favus* of many years' duration finally cured by the application of X-ray treatment in addition to other remedies previously used.

(2) A case of *pemphigus*. The patient, a strong man, aged 27 years, with a good family history, said that he was well until February last, and that previously to that time he had only been subject to constipation and frequent toothache. He had to give up his work on account of a serious irritation in his throat, and though he complained for many weeks his private medical attendant told him that he could not find anything in the throat to account for it. Consequently, the patient went to a well-known throat hospital, into which he was at once admitted and treated for three months. At the end of that time, as he was not benefited by treatment and a succession of bullæ were appearing on the skin, he was told to go to a skin-hospital as his was really a skin case.

On admission, under Dr. Eddowes, it was found that the patient had two clear bullæ at the back of the mouth, and there was some gingivitis from the dirty state of the teeth. On the body and limbs were over a dozen bullæ in different stages of development, and numerous pigmented sites of former ones. The fresh bullæ were preceded by sometimes considerable irritation, and they rapidly filled if the parts were rubbed. At first they were very thin, perfectly clear, tense and hemispherical, and stood upon practically normal-looking skin. Though the skin around a bulla was not reddened, nevertheless before the bulla was filling there usually was an erythematous blush over an area which seemed to correspond pretty exactly to what became the base of the fully-developed bulla. There was nowhere a reddened area occupied by several bullæ as seen in bullous erythema. There was no complication, such as scabies or pus-formation.

So far there had been no opportunity of making a thorough bacteriological examination of the case, but Dr. Eddowes promised to get that done, and also to report on the nature of the leucocytes present in the bullæ.

The following is an abstract of the bacteriological report recently received. Of course unbroken vesicles were selected for examination.

A microscopic slide was pressed upon the base of a bulla, and stained with Loeffler's methylene blue, and examined, first under a fifth, and afterwards with an oil-immersion lens. No cocci or other micro-organisms could be discovered. But under the fifth some fields showed from six to seven polynuclear leucocytes; but in the majority of fields examined none could be found.

The fluid of the bullæ, with due precautions, was drawn off with a sterile hypodermic syringe, and the following inoculations were made: two agar plates, two agar slopes, two gelatine slopes, two gelatine stabs, one broth, one milk, two potato. There was no growth of any kind on any of these media and the milk was not curdled.

Through the courtesy of Professor Hewlett, a guinea-pig was inoculated, which up to the time of writing is still alive. Smears were also made from the fluid and stained. No organisms whatever could be discovered. They did, however, show a few polynuclear leucocytes.

In one tube, however, and in one only, growth was obtained, almost in pure culture. The following was the technique carried out by Dr. Eddowes in making this inoculation: A platinum needle was flamed till it was white hot. It was then passed into a clear, fresh bulla, and a wait was made till it was cool. The surface, or ceiling (if one may use the term) of the bulla was then thoroughly rubbed with the loop, the needle withdrawn, and an agar slope inoculated. This was incubated at 37° C. and growth appeared eighteen hours later. Smears were made from the growth, and a diplococcus was discovered which stained by Gram's method, and which Professor Hewlett considered to be typical of the diplococcus of Demme and Dähnhardt. Dr. Eddowes is indebted to Professor Hewlett and Dr. Hare for their assistance in this research.

Mr. SPENCER HURLBUTT showed (1) a case of *chronic superficial balanitis*. A widower, aged 43 years, has noticed the present abnormal state of his glans for over a year. The patches of redness vary from time to time both in extent and colour but never disappear. They give rise to no inconvenience, nor has he observed any moisture exuding from the part. He had a mild attack of gonorrhœa about twenty years ago, but has not had syphilis. The body of the glans is not indurated or increased in size, but on its surface is seen

map-like spaces of a deep red colour, extending over about a third of its surface and occupying mostly, but not exclusively, that portion normally covered by the prepuce; the margins are well defined and not raised, and the surfaces of the patches are dry and show no signs of ulceration or scarring. The patient is in good health and of cleanly habits.

(2) A water-colour drawing of a similar condition which occurred in a medical man, a bachelor aged 45 years, which had persisted for seven years, and eventually disappeared five years ago without any special treatment.

Mr. CAMPBELL WILLIAMS suggested painting the affected surface with a weak solution of silver nitrate, which had proved beneficial in many instances.

Mr. SHILLITOE pointed out the harmfulness of soap in these cases and recommended the use of oatmeal instead.

Mr. HARTIGAN considered that the X-rays, cautiously applied, might be of service.

Dr. GRAHAM LITTLE showed—(1) a case of a *mixed pustular and papulo-squamous syphilide*, the result of acquired disease, in a girl aged 14 years. The glands in the groin were notably enlarged on the left side, and it was probable the infection was vaginal, although no chancre could be discovered. The hymen was not intact. The child was small for her age, but sexually well developed, the mammae being especially prominent and full. The elder brother of the patient, aged 18 years, was also attending hospital with a well-marked syphilitic eruption and the history of a genital chancre.

(2) Another case of syphilitic disease in a girl, aged 8 years; the mother had been a patient at the Female Lock Hospital, and had been discharged from that institution with active syphilitic manifestations. The eruption in the child had now almost entirely faded, but had been a typical roseola. Sections of the affected skin had been obtained. The case illustrated the danger of infection of innocent persons by subjects of active syphilis.

The ethical aspects of these cases excited much interest and were discussed by many members at considerable length.

(3) A case of *chronic eczema* on the left leg, with a history of seven years' duration. There was a large patch of vividly red and infiltrated skin on the front of the leg, and the duration had suggested tuberculosis of the skin; but there was recent and quite typical eczema of

the right leg, and this diagnosis was consequently adopted. The patient, a girl aged 16 years, was positive as to the persistence of the patch for the time stated; no reason could be ascertained for this very unusual duration.

Mr. G. W. SEQUEIRA showed *a case for diagnosis*. The patient was a woman, aged 28 years, in whom patches of ulceration made their appearances over the left malar region some eight weeks ago. The lesions at that time were becoming gangrenous and surrounding them were numerous inflammatory papules, some of which were pustular. The eruption continued to spread down the neck by successive crops, leaving well-defined scars. Five years ago the patient had attended St. George's Hospital for "whitlow," which proved very rebellious to treatment, healing being never complete, and followed by a "cellulitis" of the hand. Patches of ulceration likewise appeared upon the back of the hand, and as these showed no signs of healing and the member was in a crippled condition, amputation through the forearm was deemed necessary, and was accordingly performed by Mr. Dent in 1905. The opinion at the time of operation was that the ulcers were trophic in character, but some suggested that the ulceration was of a tuberculous nature. There was no history of tuberculosis in the family and no tubercle bacilli had been found in the lesions. She had had, however, one slight attack of hæmoptysis.

No member of the Society would venture upon a diagnosis, apart from the fact that the condition was an infective form of follicular ulceration.

Dr. EDWARD STAINER showed a woman with two infiltrated lesions upon the chin about the size of a small button, each exhibiting a small central depression. There was some slight scarring in their immediate vicinity, but there was no history of specific disease.

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## CURRENT LITERATURE.

**PAGET'S DISEASE (TWO CASES OF) TREATED BY THE X-RAY, WITH A REPORT OF THE MICROSCOPICAL FINDINGS IN ONE OF THEM AFTER PROLONGED TREATMENT. M. B. HARTZELL, M.D. (*Journ. Cut. Dis.*, vol. xxiv, July, 1906, No. 7.)**

HARTZELL comes to the conclusion that the careful, systematic, and prolonged use of the X-ray may completely and permanently cure the disease of the areola and nipple, but that this agent has very little effect upon the epithelial prolifera-

tion in the ducts of the nipple and in the alveoli of the mammary gland. If, he says, Paget's disease is in the beginning limited to the areola and surface of the nipple, the ducts and mammary gland becoming involved only after some considerable time, then we may hope, by the early and persistent use of the X-ray, to bring about a complete and lasting cure; but if the ducts and gland are involved in the process from the beginning, the knife of the surgeon should be our first, not our last, resort. We do not know definitely how the matter stands, but certainly the disease did not begin in the gland and produce the cutaneous manifestations by discharge from the nipple. Paget's disease is not an eczema, nor has it been proved to be a primary carcinoma. Hartzell thought it was a peculiar degeneration of the epithelium of the skin, milk ducts, and gland acini, passing eventually into a special carcinoma of the breast. In the discussion of this paper several speakers advocated prompt surgical interference when the diagnosis was made. Hyde and Frank H. Montgomery referred to a case diagnosed as Paget's disease of the small of the back and becoming epitheliomatous, which was apparently cured by the X-rays, and mentioned another case of the breast apparently cured but subsequently developing carcinoma mammae.

T. C. F.

**A CASE OF PITYRIASIS RUBRA OF HEBRA'S TYPE, WITH AUTOPSY REPORT.** F. H. MONTGOMERY and P. BASSOE of Chicago. (*Journ. Cut. Dis.*, July, 1906.)

A FARMER, aged 46 years, subject to asthma for twenty-seven years, and, except for a period of total abstention, addicted to alcoholic excess, was attacked with the skin eruption in February, 1904. For a few months previously he had become depressed, nervous, and hysterical; symptoms marked in his subsequent illness. First a large blister appeared on the sole of the right foot, followed by an erythemato-vesicular eruption on the left foot, and then on both buttocks. Finally the skin became universally reddened, slightly swollen, and freely exfoliating in fine scales. Burning and itching were more intense in the early stages. His physical and mental condition gradually deteriorated, and he appeared to be extremely sensitive to cold. The temperature was exceedingly irregular. On August 24th he died comatose. There was no final stage of skin atrophy.

The necropsy disclosed pulmonary oedema and congestion and emphysema, healed tuberculosis in left lung, fatty liver, moderate chronic diffuse nephritis, chronic atrophic gastritis, sclerosis of aorta.

*Microscopically*, the skin showed infiltration, with cells apparently of connective-tissue origin, in the papillary and upper reticular layers, mostly diffuse, in parts grouped; also some infiltration about the blood-vessels and glandular apparatus in the deeper cutis. The rete pegs were irregularly elongated, the granular layer absent, the horny layer absent or composed of imperfectly cornified cells. Pigment, free or collected in branching cells existed throughout the dermis, whilst the basal rete cells had, in many places, lost their pigment.

*Bacteriological examination* of the heart, blood, and bile after death was negative in results except for one tube, probably accidentally contaminated, in which *Staphylococcus pyogenes aureus* grew. Blood cultures during life remained sterile.

In summarising the case the authors think the conditions found at the autopsy suggest a terminal infection, probably secondary to the skin infection. They consider that Jadassohn's conclusions should be accepted in the present state of our knowledge, and they insist on the clinical distinction between Pityriasis rubra and generalised exfoliative dermatitis. It would have been a help to many if the authors had clearly set forth the distinctions which impress them.

In the ensuing discussion (American Dermatological Association) Bowen pointed out the absence in this case of the atrophic stage. Some interesting cases were related, and the general opinion seemed to be held that true Pityriasis rubra was very rare. G. T. Elliott insisted on the distinction between primary and secondary diffuse exfoliative processes. He recognised a true so-called Pityriasis rubra ending fatally, and a perfectly distinct type of primary exfoliative dermatitis described by E. Wilson usually ending in recovery. Professor J. C. White said he was sure Hebra's Pityriasis rubra included many cases of exfoliative dermatitis, but Hebra had picked out for description cases which lived long enough to undergo atrophy. He believed Hebra's Pityriasis rubra should be included in the class of generalised exfoliative dermatitis, as it did not possess enough distinct features to rule it out of that category.

T. C. F.

**PEMPHIGUS VEGETANS.** A. RAVOGLI. (*Journ. Cut. Dis.*, July, 1906.)

A WELL-DEVELOPED Russian Jewess, of rather delicate constitution, aged 25 years, married at 23, and gave birth to a healthy girl. When pregnant four months after marriage burning, itching, erythematous patches, and then papules, appeared on her chest, and lasted two or three weeks. Seven months after her confinement bullæ evolved on her navel, and about this time the menses ceased. Syphilis was, and had been previously, diagnosed. Then a burning, itching, vesicular eruption appeared over the whole pubic region and groins, and gradually spread to the abdomen and thighs. Bullæ, the size of hazel-nuts, formed under the axillæ, and others continued to appear at the periphery of the resulting granulating raw area. After four months of this illness she came under Ravogli's care greatly emaciated and pale, but without evidence of syphilis. The buccal mucous membrane and gums were involved. The axillæ were markedly vegetating, also the abdomen, pubic region, cruro-genital fossæ, and the internal surfaces of both thighs. The urine contained albumen, and hyaline and fine granular casts. In blood-counts only 1 per cent. of eosinophiles were found, increasing to 1½ per cent.; 58 per cent. of polynuclear cells, increasing to 70 per cent.; and 20 per cent. of large lymphocytes, declining to 3 per cent. The progress of the disease was characterised by a remittent fever with some intermittence, and successive outbursts of bullæ with increased fever. Wider areas of skin became involved—e.g. the shoulders, toes, legs, and nearly the whole body, the mouth and pharynx, and probably the larynx. The fever increased, intractable diarrhœa set in, and the patient died after six months' illness. The histology of the vegetations was studied.

The author reviewed some of the literature and discussed the pathology. He agreed with Kaposi that it was only a variety of pemphigus.

T. C. F.



**EXPERIMENTAL RESEARCHES ON FRAMBÆSIA TROPICA IN APES.** A. NEISSER, BAERMANN and LUDWIG HALBERSTÄDTER. (*Münch. med. Wochenschr.*, July 10th, 1906, p. 1337.)

THE authors come to the following conclusions:

- (1) Frambæsia can be transferred from man to the higher and lower apes.
- (2) It can be transferred from ape to ape.
- (3) There is a diffusion of the frambæsia poison through the whole body, as evidenced by the success attending the inoculation of glands and various organs.
- (4) Animals already infected with syphilis can be successfully inoculated with frambæsia.

Hence they argue that frambæsia and syphilis must be distinct affections.

W. B. W.

**PHLEGMON AS COMPLICATION OF VARICELLA.** R. KREUZEDER. (*Münch. med. Wochenschr.*, July 31st, 1906, p. 1528.)

A NINE-MONTHS old, fairly strong and well-nourished child, was seen first on February 3rd. It had been ill for two days, and was suffering from varicella. The eruption was not particularly extensive. There were slight signs of bronchitis, and a temperature of 38.5° C.

On February 6th the temperature rose to 39.8° C. The right arm was much swollen and reddened. From beneath a crust on the shoulder stinking pus flowed, and on removal of the crust a small hole led into a cavity with necrotic walls, undermining the surrounding skin. This was washed out with sublimate lotion and dressed. For five days the child seemed to make progress. Then the temperature rose to 40° C. Nearly the whole right half of the back was swollen and red. An incision into this swelling revealed a similar state of things to that met with on the shoulder. A temporary improvement followed the incision, but this was followed by an increase of the bronchitis, signs of pneumonia, cyanosis, and death on February 21st.

W. B. W.

**A CASE OF ARTIFICIALLY PRODUCED EMPHYSEMA OF THE SKIN.** P. PREGOWSKI. (*Münch. med. Wochenschr.*, July 31st, 1906, p. 1527.)

IN the course of some experiments to test the effect of strong air currents on the skin, the author pricked the surface under treatment with a needle. He now describes the curious effect that followed. The air was under a pressure of 3½ atmospheres. The pipe through which it was discharged had a diameter of 1 cm. The opening was held about 1½ cm. from the skin. The first application was made to the outer surface of the left forearm for three quarters of a minute. A quarter of an hour later flat and slightly painful papules made their appearance. Their exact nature was not clear to him. On the following day the skin of the breast was similarly treated. In this case immediately after the application the whole area became swollen, and the presence of crepitations on palpation revealed the true nature of the swelling. A further experiment, lasting two minutes, and with more vigorous application of the needle, led to a considerable swelling of the whole inner surface of the thigh—the part treated—

which took a week to disappear, and was accompanied by slight elevation of temperature, headache, and feeling of malaise.

W. B. W.

#### THE QUESTION OF THE TELANGIECTATIC GRANULOMATA.

H. BENNECKE. (*Münch. med. Wochenschr.*, August 7th, 1906, p. 1554.)

THE pathological institute at Marburg had during the past few years been frequently asked to pronounce an opinion on specimens sent from Algiers with the diagnosis botryomycomata of men. Though unable to support the diagnosis, the investigation had brought the subject of botryomycosis under notice of the staff.

At the end of the year 1904, they received from Bremen a small pedunculated tumour removed from the chin, which proved to be a granuloma with telangiectatic characters closely resembling those growths of the hand, of whose sarcomatous or granulomatous nature pathologists are so uncertain. This was followed shortly after by one of these finger tumours forwarded by Professor Küttner. It was found that the last two closely resembled the first.

The author compares the first with specimens of botryomycosis obtained from the horse, and declares that they have nothing in common. He comes to the conclusion that these telangiectatic granulomata are distinct from the known malignant and benignant tumours, and are of unknown origin.

W. B. W.

#### FOUR CASES OF EPITHELIAL CYSTS. LEOPOLD KLEIN. (*Münch. med. Wochenschr.*, August 7, 1906, p. 1572.)

THE majority of authors believe that these cysts are of traumatic origin. Of fifty-five cases collected by Würz, twenty-four were due to trauma, and most of the cysts occurred on the palm of the hand or palmar aspect of the fingers, where traumatism would be particularly likely to arise. The author gives four cases.

The first was on the palmar aspect of the second phalanx of the right little finger in a miner.

The second was on the palmar aspect of the second phalanx of the right middle finger in a stoker.

The third occupied the centre of the palm of the hand in a man who had to use large shears to cut metal.

The fourth was on the palmar aspect of the base of the middle finger of a lamp cleaner. This tumour was made up of three separate growths.

The history showed that the cysts had been growing for from four to seven years. The largest (the fourth) was the size of a pigeon's egg, and the smallest (the first) the size of a cherry. All were alike in macroscopic and microscopic features, each being a genuine epithelial cyst with pasty contents made up of epithelial scales and fat. In none of the cases was a definite traumatism discovered.

W. B. W.

#### THE ÆTIOLOGY OF PRURIGO. LUDWIG STEINER and HANS VÖRNER. (*Münch. med. Wochenschr.*, August 14, 1906, p. 1622.)

THE authors give some particulars of a very interesting case. A woman, aged 26 years, came for treatment on account of an intensely irritable eruption of two

days' duration. This bore a close resemblance to prurigo. On the following day she sent word that she could not leave home by reason of severe pain in the stomach. It was found that the abdomen was considerably swollen and painful. The ascending colon and cæcum felt hard and were also particularly painful. The bowels had not acted for five days. The temperature was 38° C. On inquiry she stated that the abdominal discomfort commenced with the appearance of the eruption. This occupied mainly the extensor aspects of arms and legs, and consisted mainly of scratch effects. At the end of a fortnight the bowel affection was apparently well, but the skin, although improved, did not get well, and six months later showed the same manifestations. By that time the skin in front of the thighs and legs and on the arms showed deep pigmentation. Some cases seen subsequently in children suggest the possibility that the catarrh of the bowel is present in many cases of prurigo. W. B. W.

**A NOTEWORTHY CASE OF TUBERCULOUS EXANTHEMA.** HANS VÖRNER. (*Münch. med. Wochenschr.*, September 11th, 1906, p. 1810.)

A CHILD was brought to the polyclinic when 15 weeks old, presenting the symptoms of Hirschsprung's disease. It came of tuberculous parents. A few days after its first appearance an eruption developed, which the author describes. Groups of from six to twelve small nodules appeared on various parts of the trunk. The nodules varied in size from a pin's head to a lentil. They were raised above the surface, had a flattened top, and a deep brownish-red colour. The larger ones seemed to have a white centre. Under pressure with the dioscope a yellow or brownish discoloration remained. To the touch they offered no resistance, but appeared to be softer than the surrounding skin.

Signs of general tuberculosis appeared, followed by meningitis and death.

The lungs showed numerous tubercles with abundant bacilli. Sections of one of the skin-nodules revealed granulomatous tissue with a few giant cells, but no bacilli.

The author is inclined to think that it was a tuberculide.

W. B. W.

**VERRUGA PERUANA.** M. D. EDER. (*Journ. of Trop. Med.*, July 16th, 1906, p. 213.)

IN this contribution the writer discusses the most recent suggestions with regard to Verruga Peruana, namely that it is a variety of yaws and that the severe fever associated with it is enteric, in other words, that the verrugas and the fever ("Oroya fever") are independent conditions having a purely accidental relationship. This theory, though far from being established, is of considerable interest. When Daniel Carrion, the Peruvian medical student, inoculated himself in the arm with blood taken from a verruga excrescence, he developed a severe illness on the twenty-first day, from which he died fifteen days later without the appearance of any eruption. It has been suggested that the fatal illness was enteric. It is to Dr. Tomayo that we are indebted for this suggestion in a paper published in *La Crónica Médica*, Lima, No. 406, 1905. This paper is not convincing, however, as the reports of the post-mortems, both of animals which died after the inoculation, and of patients who died during the course of the disease, are incomplete. In patients who have died during an attack of verruga the mucous membrane of the intestines is occasionally hyperæmic, and

Peyer's patches are generally enlarged, and the general symptoms associated with the attack of verruga are somewhat similar to those of typhoid fever. There is, according to Plehn, remittent or intermittent fever, sometimes a hyperpyrexia, and before death a subnormal temperature. At first there is headache and pains in the limbs; then delirium, coma, nausea, vomiting, diarrhoea, and dysentery. The abdomen is tender, and the liver, spleen, and mesenteric glands enlarged. Sometimes there is a petechial eruption resembling purpura rheumatica. Till cases of verruga fever give the Widal reaction and the typhoid bacillus is demonstrated, the suggestion must remain unproven. The skin lesions of yaws and verruga are very similar. Manson recently observed that "if difference there be in their clinical features between verruga and yaws, apparently it is more one of degree than of kind."

J. M. H. M.

**CONTRIBUTION TO THE KNOWLEDGE OF EPITHELIOMA ADENOIDES CYSTICUM (BROOKE).** J. CSILLAG. (*Archiv f. Derm. u. Syph.*, June, 1906, p. 163.)

In this paper the writer reports two cases of this rare affection which occurred in Professor Róna's clinic at Budapest. The patients were a mother and daughter. In the case of the mother, a woman aged 36 years, the disease had first appeared when she was six years of age as small tumours situated on the forehead at the border of the hair, and between the hairs. When she came under observation she had about twenty-four of these tumours. They were flat or rounded in shape, varied in size from a pin's head to a poppy-seed, and were whitish and shiny, like milium. There were no subjective symptoms associated with them. In the daughter the lesions were noticed first when she was thirteen years of age, on the nose, scalp, and various other parts of the face, and were similar to those present in the mother. A biopsy was obtained only in the second case, and by it the diagnosis was verified, for the histological appearances corresponded with those which have been previously reported by Brooke under the title of "Epithelioma adenoides cysticum," and by Jarisch under the name of "Tricho-epithelioma multiplex papulosum." These histological appearances are illustrated by a series of reproductions of coloured drawings which accompany the paper, and consist of solid processes of epithelial cells, growing either from the surface epidermis or from the prickle-cell layer of the hair-follicle. These are surrounded by a regular basal layer, which is continuous with that of the overlying epidermis or of the outer root-sheath. Some of the processes are club-shaped, others are solid masses which undergo a degeneration in the centre to form cyst-like structures. According to the writer there are two kinds of cysts formed—one which results from the colloid degeneration of the epithelial masses, and the other from the snaring off of the follicle and the production of a true sebaceous retention cyst. The latter correspond to the small tumours which resemble milium.

J. M. H. M.

**MYCOSIS FUNGOIDES OR PSEUDOLEUKÆMIA CUTANEA (?).** F. RADAELI. (*Archiv f. Derm. u. Syph.*, July, 1906, p. 323.)

THE case which forms the basis of this communication occurred in the Dermatological Clinic at Florence, and on account of the difficulty in diagnosis which it presented, the writer considered it to be worthy of recording.

The patient, a workman aged 64 years, came to the clinic on December 4th, 1904. His skin affection was preceded in June, 1904, with swelling of the left submaxillary and inguinal glands. A month later red spots appeared on his skin, which developed into tumours, and various other glands became enlarged. The skin lesions increased in number. These consisted of irregular, roundish macules, varying in size from a linseed to a threepenny-piece, and here and there covered with scales; roundish or oval papules, of a reddish-yellow tinge; red tumours, varying in size from a hazel-nut to an egg, some smooth, others covered with an adherent crust, and the largest of them presenting a deep crateriform ulceration in the centre. The lesions were present in greatest number on the trunk, especially the upper part of the abdomen and the back, but they also occurred on the extremities. Some time later the swelling of the inguinal gland increased, softening took place, and an abscess resulted which refused to heal, and the patient began to show signs of being ill. The blood was examined on several occasions and showed a diminution in the number of hæmocytes, the lowest count being 3,030,000 per c.mm., and an increase of leucocytes to 12,600 per c.mm., of which 81 per cent. were polynuclear leucocytes and 7 per cent. lymphocytes, the relation of reds to whites being about 1 to 300. In January, 1905, œdema of the lungs supervened, and he died. The autopsy revealed, in addition to the changes in the above-mentioned lymphatic glands and a diffuse œdema of the lungs, a marked increase in the size of the liver, spleen, and left kidney, swelling of the tonsils and of the mesenteric and retro-peritoneal glands.

A histological examination was made of various pieces of skin to demonstrate the change in the red patches, papules, and tumours. These seemed to be stages in the same pathological process. The epidermis was thin, and the intercellular lymphatics dilated. The tumour mass was present in the corium, and consisted of dense masses of cellular infiltration, supported by a network of attenuated fibrous tissue. The cells composing the infiltration consisted of mononuclear somewhat shrunken cells, a few plasma cells, mast cells, and giant cells. Dilated blood-capillaries, forming irregular spaces, were noted. The lymph-glands and the tonsils were also examined microscopically, and showed a reticulum similar to that of a normal gland, except that it was in places thickened. In the meshes were lymphocytes and some large mononuclear cells with vesicular nuclei, a few still larger cells with from two to six nuclei, and here and there polynuclear leucocytes.

In the bone-marrow irregular, large, mononuclear leucocytes, eosinophiles, lymphocytes, etc., were detected. Similar cells were observed in the spleen, but in addition there were some large giant cells.

The clinical appearances and the pathological anatomy of the case suggested three possibilities in the diagnosis to the writer, namely mycosis fungoides, pseudo-leukæmia, and multiple sarcoma of the skin. The fact that the infiltration was composed of a variety of types of cells is strongly against its being a sarcoma. From a typical case of mycosis d'emblée the histological appearances differed in the fact that there was no destruction of the cells of the infiltration in the corium such as Unna has described; but there were various points in its histology which strongly suggested that affection, such as the polymorphism of the cells, the fact that only a few plasma cells were present, and the presence of numerous mast cells. The patient also gave evidence of a pseudo-leukæmia. The histological examination of the lymphatic organs showed that in this instance

an ordinary hyperplasia did not occur, but a new formation similar in structure to that of the skin-tumours.

J. M. H. M.

**CONTRIBUTION ON PSOROSPERMOSIS OF DARIER.** K. KREBICH.  
(*Archiv f. Derm. u. Syph.*, July 1900, p. 367.)

THE following two cases of Psorospermiosis follicularis vegetans were recorded by the writer with the object of trying to throw some light on the pathogenesis of this rare skin affection.

*Case 1* was that of a woman, aged 40 years, in whom the skin-affection had first appeared when she was twelve years of age. The skin lesions were chiefly present in the neighbourhood of the genitalia, and consisted of the typical nodular efflorescences associated with the disease. They were sepia-brown in colour and covered with thick scales. A few lesions were present also about the umbilicus, under the breasts, and about the forehead. In the flexor aspects of the elbows numerous nodules occurred, which gave the region a brownish pigmented appearance. The histological appearance of two of the lesions was also similar to that described by the various writers on the subject.

*Case 2* was that of a woman, aged 45 years, in whom the disease had occurred a few days after an attack of neuralgia following on a severe attack of gastritis. About forty lesions appeared, and these were arranged in the form of a girdle round the waist. Here and there two or three lesions had coalesced to form dirty brownish, horny nodules covered with a crust. A microscopical examination was made of lesions excised from both patients, and the histological architecture was typical of the disease.

In both cases the most noticeable feature of the eruption was that it commenced in zosteriform patches; in the second case it had the distribution of an intercostal herpes zoster, and followed a gastric disturbance. The author suggests, consequently, that the disease may possibly have an angio-neurotic origin.

J. M. H. M.

## REVIEWS.

### MENSTRUATION AND SKIN-DISEASES.\*

IN this small volume the author discusses the important subject of the "Influence of the Menstrual Function on Certain Diseases of the Skin," basing his conclusions on the cases of ninety-one patients suffering from a variety of skin-affections and in whom special note was made with regard to the relation of menstruation to the skin-disease. The principal skin-affections in which he was convinced that the menstruation had a distinct influence in causing more or less of an exacerbation of the disease were rosacea, eczema, herpes, pemphigus, Dermatitis herpetiformis, urticaria, Erythema multiforme, psoriasis, and hyperi-

\* *Menstruation and Skin-Diseases.* By L. DUNCAN BULKLEY, M.D. Rebman, Limited, London and New York, 1906. Price 5s. net.

drosis. Various theories have been put forward from time to time to explain this relationship. Of these the author specially mentions three—namely (1) that an existing cutaneous disease is most liable to be affected by the “cyclic changes” in the general system occurring in women and culminating in the menstrual epoch, since these so-called cyclic changes are associated with great changes in metabolism and vascular tension; (2) that faulty menstruation influences a skin-affection by auto-intoxications; and (3) that the exacerbation of the skin-disease in connection with the menstrual period is the result of nervous reflex irritation from the congested condition of the uterus and ovaries. These three theories he regards as complementary rather than conflicting, but believes that the main causes are the “cyclic changes” which occur in the female organism in association with each menstrual epoch. The book is the result of close observation, and it contains much that is both interesting and suggestive, and well-merits a careful study.

#### ATLAS OF CUTANEOUS MORBID HISTOLOGY.\*

IN this atlas the histopathology of the principal skin-diseases is depicted in colour and described. The illustrations are reproductions of coloured drawings by J. B. van Deventer, and the explanatory text is the work of Dr. Max Joseph. Fifty-three cutaneous diseases are thus represented, and these are arranged in alphabetical order. The illustrations, which naturally form the more important portion of a work of this nature, vary considerably in merit. Many of them are excellent, a certain number, such as those representing angio-keratoma and zoster, are somewhat crude both in drawing and in colour, while in a few of them the detail is more diagrammatic than realistic. Anyone, however, who has attempted to portray histological preparations in colour and is conversant with its difficulties cannot but appreciate the vast amount of labour entailed in these drawings, and must congratulate the artist on his work. The descriptions of the histopathology of the diseases are clearly and concisely written. In places, however, there are certain statements which are confusing, owing, perhaps, to imperfections in the translation.

For example, in describing *Acanthosis nigricans* the statement is made that “the acuminate elevation is not formed by a proliferation of the cells of the rete, but that the lesion is the result of hypertrophy of the epidermis.” In connection with *Pityriasis rosea* reference is made to “a moderate parakeratosis, less marked in the epidermis.” In *Lichen syphiliticus* it is said that “the nodule bears a certain resemblance to a bacillus-containing tubercle”; and in *Lupus vulgaris* we are told that the connective-tissue cells are converted into epithelial cells possessing a large nucleus. Such defects will doubtless disappear in a future edition. On the other hand, there are not a few most suggestive observations. *Apropos* of *Hydrocystoma tuberosum multiplex*, the author supports the theory enunciated by Pinkus and Lebet, that *Granulosis rubra nasi* is an early stage of the affection; and in discussing “soft nævi” he adopts the position that these may take their origin from the embryonic connective-tissue cells as well as from the epidermis, and that each type may become malignant, developing into a nævo-

\* *Atlas of Cutaneous Morbid Histology.* By MAX JOSEPH and J. B. VAN DEVENTER. London, 1906: Archibald Constable & Co. Price 18s. net.

carcinoma or a nævo-sarcoma. In the latter connection a plate is introduced representing a melano-sarcoma, which developed from a mesoblastic nævus. On the whole, the atlas should prove of undoubted value to the student of dermatology, as it places before him, in a simple, terse form, much information the acquisition of which would otherwise entail a considerable searching of the literature on the subject, and at the same time assists him in the diagnosis of his histological specimens.

#### KOMPENDIUM DER SPEZIELLEN HISTOPATHOLOGIE DER HAUT.\*

IN this volume of 185 pages the authors have described in a concise fashion the histopathology of the more common cutaneous affections. The various descriptions are illustrated by an excellent series of reproductions of black and white drawings of the histology of the diseases. One of the most complete sections is that devoted to the subject of Tuberculosis cutis, a subject to which Professor Ehrmann has given special attention. In it the manifestations of Tuberculosis cutis are classed under the headings of Lupus vulgaris, scrofulodermia, miliary tuberculosis of the skin, and tuberculous tumours (meaning by that, hypertrophic forms of lupus). Lichen scrofulosorum is also regarded as a definitely tuberculous affection, since the papule histologically has been found by them to correspond somewhat in its architecture to a nodule of lupus. This is by no means an universal experience, however, as several observers have failed to detect in the lesions of that disease histological appearances which definitely point to Tuberculosis cutis. The tuberculous nature of folliculitis and the acneiform tuberculide they consider to be as yet unproven, and in the same category they place Lupus perino and Erythema induratum of Bazin. The histological teachings embodied in this volume may be regarded as fairly representative of the opinions of the Vienna School of Dermatology at the present time and merit the careful study of all who are interested in the histopathology of the skin.

\* *Kompndium der Speziellen Histopathologie der Haut.* By Professor EHRMANN and Dr. J. FICK. Vienna, 1906: Alfred Hölder.

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#### LIST OF BOOKS, PAMPHLETS, ETC., RECEIVED.

From OCTAVE DOIN, Paris, 1907. *Traité Élémentaire de Dermatologie Pratique.* By L. BROcq. In two volumes. Price 40 fr.

From G. STEINHEIL, Paris, 1907. *Syphilis du Poumon.* By Dr. BÉRIEL. Price 4 fr.

From COBLENTZ, Berlin, 1907. *Die Therapie der Haut. und Geschlechtskrankheiten für praktische Ärzte.* VON Dr. REINHOLD LEDERMANN. Price 6 m.

From BAILLIÈRE, TINDALL AND COX, London, 1906. *Syphilology and Venereal Disease.* By C. F. MARSHALL. Price 10s. 6d. nett.



SIXTH INTERNATIONAL CONGRESS OF DERMATOLOGY,  
NEW YORK, 1907.

THE sixth International Congress of Dermatology will be held in New York (at the Academy of Medicine, 17, West 43rd Street), from September 9th to the 14th, 1907, under the presidency of Dr. James C. White, of Boston.

The fee for membership is £1.

Subscriptions and communications relating to the Congress should be addressed to the Secretary-General, Dr. John A. Fordyce, 80, West 40th Street, New York, or to one of the foreign secretaries. The secretary for Great Britain is Dr. Arthur Whitfield, 21, Bentinck Street, Manchester Square, London.

The following subjects have been selected for discussion :

(1) *The Etiological Relationship of Organisms found in the Skin in Exanthemata.*

To be introduced by Prof. W. T. Councilman, Boston. To be discussed by Prof. G. N. Calkins, New York.

(2) *Tropical Diseases of the Skin.*

To be introduced by Dr. H. Radcliffe-Crocker, London, England; Prof. G. Riehl, Vienna, Austria; Dr. William Dubreuilh, Bordeaux, France; Dr. W. R. Brinckerhoff, Honolulu; Dr. J. H. Wright, Boston. To be discussed by Dr. C. W. Stiles, Washington, D.C.; Dr. Baldomero Summer, Buenos Ayres, S.A.

(3) *A. The Possibility of Immunisation Against Syphilis.*

To be introduced by Prof. A. Neisser, Breslau, Germany; Prof. Ernest Finger, Vienna, Austria; Dr. L. E. Leredde, Paris, France. To be discussed by Prof. T. de Amicis, Naples, Italy.

*B. The Present Status of Our Knowledge of the Parasitology of Syphilis.*

To be introduced by Prof. Erich Hoffmann, Berlin, Germany. To be discussed by Dr. A. Buschke, Berlin, Germany; Dr. K. Herzheimer, Frankfurt a. M., Germany.

A full programme will be sent in June, 1907, to all who accept membership or who signify their intention to attend the Congress; also details concerning accommodation, registration, etc.

# THE BRITISH JOURNAL OF DERMATOLOGY.

FEBRUARY, 1907.

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## THE PRESENT STATE OF THE TREATMENT OF LUPUS VULGARIS.

By WILLMOTT EVANS, M.D., B.S., B.Sc., F.R.C.S.

SUFFICIENT time has now passed since the introduction of the radiant, or, as they may be conveniently called, the "actinic" methods of treatment of *Lupus vulgaris*, to enable us to estimate more accurately than was possible at first the real value of these different methods, and to compare them with one another and with the older therapeutic measures. When any new drug, appliance, or method is introduced into medicine there is always a tendency, doubtless very natural, to over-estimate its importance. A few years, or sometimes even a few months or weeks, suffice to prove that, though some of the advantages of the new treatment are very real, others are more than doubtful, and that there are also disadvantages which were unrecognised at first. All who remember the introduction of the first tuberculin will never forget the furor of enthusiasm with which it was received and the freedom with which it was employed. Its adoption was very rapid, and this was only equalled by the rapidity with which the treatment was discarded.

For the purpose of forming a comparative estimate of the values of the various methods of treatment of lupus it is convenient to classify them, and it seems to me that the following classification is the most convenient. I purposely omit all reference to general tonic treatment,

for though such treatment is of much importance it does not concern the present comparison of local methods :

- (1) The application of caustics and scarification.
- (2) Scraping, with or without the after application of caustics.
- (3) Excision.
- (4) Actinic treatment.
- (5) Opsonic treatment.

The order followed in this classification is practically the order in which the methods were introduced and is convenient. The main cause of the many methods of treatment which have been introduced is the very great tendency to recurrence always exhibited by lupus. This is in part due, no doubt, to the general constitution of the body, and especially of the skin, which renders it prone to the attacks of the tubercle bacillus; it is also certainly in some cases due to the presence in the dwelling-house of the patient of large numbers of tubercle bacilli, such as when a case of advanced phthisis inhabits the same house or room and no precautions are taken to prevent the dissemination of the bacilli. This, I think, is a somewhat important factor both in the production and also in the recurrence of the multiple lupus of childhood. The main reason, however, that in all forms of lupus after all forms of treatment recurrence is common is that some of the disease is left behind. It is well known that in cases of tuberculosis of bone or joints all evidence of disease may have disappeared after treatment, and yet a slight injury may cause the immediate reappearance of the disease. Spores may have been left behind, or a small tuberculous mass may have become encapsuled, and thus a renewal of the disease may occur even after the lupus has been apparently cured.

In deciding on the relative merits of various methods of treating lupus, the surface of the body is naturally divided into two regions. In the first we put the face and neck, in the latter the rest of the body. In the former class, though the cure of the disease is of the chief importance, the character of the scar resulting from the disease and its treatment is of great importance also; for the cosmetic result may have an enormous effect, not only on the patient's feelings and on his mental condition, but also on his chance of earning his livelihood. Especially in the case of women is the appearance of the scar important, for an unsightly result may entirely prevent the possibility

of domestic service or marriage. Therefore the question of the best method of treatment of lupus of the face and neck is not identical with the question of the best treatment of lupus of other parts of the body.

Excluding the face and neck, the problem is simple. As we do not have to give much, if any, attention to the appearance of the result, we have merely to decide which is the most rapid method and the one least likely to be followed by recurrence. To these questions there can be but one answer—excision. The complete removal of the diseased tissues by an incision passing a third or half an inch beyond the margin of the lupus patch, followed by a dissection sufficiently deep to include all, even the deepest, down-growths of the disease, cannot be surpassed for celerity and thoroughness by any other method of treatment. If it be possible the edges of the wound are brought together by a few stitches, or if this cannot be done the wound is covered by a number of Thiersch grafts, and the cure is completed in a week or ten days. The scar is often by no means conspicuous when by the diminution of the number of its vessels its colour approaches more exactly that of the surrounding skin. A general anæsthetic is needed for the operation, but this is hardly a material increase of the risk. For a few small patches of lupus on the trunk or limbs scraping with a Volkmann's sharp spoon is probably the most convenient treatment, and if the spoon is used energetically and the scraping is followed by the application of nitric acid or the actual cautery, recurrence very rarely takes place. A general anæsthetic is convenient, but it is not essential, as local anæsthesia produced by freezing with ethyl chloride will suffice. The scar resulting from scraping is generally soft and supple. By one or other of these two methods—excision or scraping—all forms of lupus affecting the non-exposed parts of the skin are best treated. None of the actinic methods can give results which can approach them in rapidity and certainty.

In lupus of the face and neck we have to consider, not the mere removal of the disease, but the appearance of the scar. When Finsen's method was first introduced it was apparently thought by most of the public that lupus had never been cured before. The chief merit of the Finsen method is, however, the very satisfactory appearance of the scar which results. Excision of lupus of the face has been

advocated by some, but the scar, even when the wound is covered by Thiersch grafts, is far from sightly. There is, however, a graver objection. On the face it is practically not possible to excise a lupus patch very deeply, and therefore recurrence is frequent. Scraping, too, is not usually advisable, for the scar is not nearly so satisfactory as that obtainable by actinic methods. The older methods, such as the use of caustics and the actual cautery, cannot be employed, for the scars they produce are unsightly. Linear scarification, though sometimes productive of good results, as in very shallow patches, is not comparable, so far as results are concerned, with the actinic methods. Of the radiant applications, the Finsen light and X-rays far surpass all other forms. I have been unable to endorse the high claims advanced by some observers in favour of high frequency in the treatment of lupus, though I value the method in the treatment of some other conditions. As to the value of radium in the treatment of lupus I have had no experience, but the reports of those who have tried it do not appear to me to make it worth while to employ it for this disease. We are left, therefore, with the Finsen method and the Röntgen rays. Either of these methods can give most excellent results. I am unable to distinguish between the scars formed by the Finsen and the X-rays, but some have claimed that the Finsen scar is softer and thinner. In comparing these two methods we have to consider several points, namely the time occupied, the thoroughness, and the risks. The time required for the treatment of a patch of Lupus by Finsen light is on the average much greater than when the X-rays are employed. The difference is not so noticeable when only one small patch has to be treated, but when an area is affected larger than can be covered by the compressor, the Finsen treatment becomes extremely tedious, and we hear of cases which have had daily applications for more than two years. On the other hand, the X-rays are rapid in action, and a much larger surface can be treated at one time. As to the thoroughness of the treatment there is little to choose, but I am inclined to think that recurrence is more common after Finsen rays, and this is attributable, in my opinion, to the fact that they have less penetrating power than the X-rays and, therefore, there is more chance of the deeper processes of tuberculous tissue escaping destruction. This opinion is not, I believe, held by all, but it is my experience. When we come to consider the risk there

can be no doubt that, though each method can do harm, the danger from X-rays is much greater than from Finsen light, and the effects of an X-ray burn are very much more serious than those resulting from over-exposure to Finsen rays. The persistent X-ray ulcer is a serious complication, and epithelioma may develop in it. Even the appearance of telangiectases after X-rays is troublesome and unsightly, and occasionally hirsuties may appear. Still, these disadvantages can, as a rule, be overcome by care and experience, and in my opinion the employment of X-rays is distinctly preferable for the treatment of lupus of the exposed parts of the body. The smaller light lamps, though convenient and useful for the more superficial forms of lupus, have, on the whole, small penetrative power, and recurrence is fairly frequent. In suitable cases they have done good work. All who have employed Finsen light and X-rays in the treatment of lupus recognise that occasionally cases occur which do not respond to treatment. I am inclined to think that in some of these cases at least there is much septic infection present, and that this prevents the action of the rays. Be this as it may, I have found the employment of local antiseptics of much value in some such cases.

The value of the injection of tuberculin T.R., guarded by the estimation of the opsonic index, is now acknowledged, and this method of treatment is especially indicated in cases where the tendency to recurrence is great and the area large. While I recognise fully its value, I think the cases suitable for it are limited, and even when it seems to be the best treatment the X-rays form a useful adjunct.

To sum up, for the non-exposed parts of the body complete excision is, in my opinion, by far the best treatment, though in a few slight cases scraping followed by an efficient caustic will suffice. For the face and neck the X-rays and the Finsen light are the most convenient and effective methods of treatment, and personally I prefer the X-rays. The opsonic treatment is especially useful in cases where the tendency to recurrence is great or the predisposition to tubercle is intense.

In this paper I have stated my own opinion, based on no inconsiderable number of cases. I think that on the whole the opinion of most dermatologists will coincide with that expressed here, though on certain points there is ample room for two opinions.

## A CASE OF KNOTTING OF THE HAIR.

By J. M. H. MACLEOD.

IN the *Arch. f. Derm. u. Syph.* of September, 1906, Galewsky, of Dresden, has described a peculiar affection of the hair, to which he has given the name of "Trichonodosis." His contribution is illustrated by drawings of affected hairs, which show at a glance the condition described, namely a pseudo-knotting and fraying of the hair, associated with thinning and breaking of the hair-shaft when it reaches a certain length, so that the hair remains short without cutting. Galewsky records two cases—the one in a man in whom the long hairs of the scalp, beard, and pubes, and the lanugo hairs of the trunk were involved, and the other in a woman, only the scalp-hairs being said to be affected. Since he first observed the condition in the male patient in 1905 he notes that similar cases have been observed by Veiel in Kannstadt, Julfeld in Berlin, Schmidt in Dresden, and others.

In January, 1905, I demonstrated at the Dermatological Society of London, hairs from a case which came under my observation which seem to me to exhibit a closely allied, though not identical, condition to that which Galewsky has recorded. A brief note on the case was published in the "Transactions" of the Society (*Brit. Journ. Derm.*, 1905, vol. xvii, p. 61). As the affection is of considerable interest and may probably pass without recognition it seems to merit a more detailed report.

The patient was a Cingalese girl, aged 13 years, who was sent to me for advice with regard to the condition of the hair of her scalp by my colleague Mr. James Cantlie. Her hair, though not definitely diminished in quantity, would not grow properly. It broke off whenever it reached her shoulders, and showed an unusual tendency to curl up at the ends. This gave her hair a "towsy" appearance, like a mop, and the more it was combed the more mop-like it became. The tips of the hair were atrophic or frayed out, and towards the end many of them presented a small nodular thickening. This condition so greatly distressed the parents that they brought the child to London to seek advice regarding it.

The patient was a delicate-looking girl, with a dark skin and black hair. She had been fairly healthy till she was six years of age, when she had a severe attack of pneumónia. In order that ice might be closely applied to her head to reduce her temperature her hair was cropped short. When she became convalescent her parents noticed that her hair did not seem to be growing well, and they had it shaved to try and stimulate its growth. Since that time the growth had continued unsatisfactory, and in spite of much local treatment it could not be induced to grow longer than just to reach the shoulders.

The parents of the girl were healthy and there was no history of hair-affections in any of the family.

On examining the scalp it was found to be dry, but there was no definite pityriasis or evidence of hyperkeratosis at the mouth of the hair-follicles, or other pathological change. The hairs were dry and lustreless, but deeply pigmented. Their ends were either split up into several fibres or were pointed and atrophic, or occasionally bent up like a hook. The majority of them were curled up at the ends,



FIG. 1.

forming one or more loops. In cross-section the hairs were flat or oval rather than circular, a shape usually associated with curly hair, and some of them were twisted on the long axis (see Fig. 1). The most marked peculiarity was the presence of the small nodes already referred to. These could be detected easily by the naked eye. They were not present on every hair, but on a considerable proportion of them. In some hairs several nodes occurred, in others only one was present. They were usually situated on the peripheral half of the hair-shaft. Fig. 2 shows the peripheral part of a hair with a double loop, a frayed end, and a node in the loop. On microscopical examination the nodes proved to be various forms of knots. The two most prevalent types are shown in the diagrams (Figs. 3 and 4), and consist of a single knot and a slip-knot. The second variety could be obliterated by pulling the hair. There was considerable difficulty in making out the precise nature of the knots under the microscope on account of the transparency of the hair. On this account I asked Dr. H. G. Adamson to look at the speci-



mens to see if he considered that the drawings corresponded. It is comparatively easy to explain the presence of various forms of twisting and even slip-knots, but it is much more difficult to find an adequate explanation for a true knot, and I thought that the knot might possibly be a twist. Dr. Adamson and several others who were kind enough to look at the knot depicted in Fig. 3 came to the conclusion that it was a true knot similar to the drawing. In Galewsky's cases, as shown in his drawings, the nodes were not true knots, but simply twists and bends in the hair, which could be pulled out, and the loop he has depicted is not a perfect slip-knot, and is made by two hairs.

Some of the knots were drawn tight, others were loose. In several instances, associated with them, there were one or two frayed ends



FIG 2.

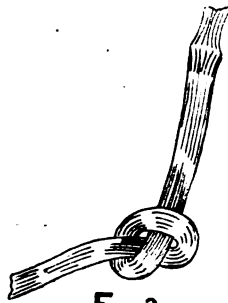


FIG 3.

where the cortex of the hair had split up in the process of knotting and twisting. In one of the hairs there was a double brush, something like that of *Trichorrhhexis nodosa* (see Fig. 3). Near the nodes on several hairs there were small deposits, which came off easily and were not adherent like the concretions of *leptothrix* and *Tinea nodosa*.

An examination of the hairs for a hyphomycetes or possible pathogenic microbe gave negative results, and there was nothing in their appearance to suggest this etiology. Nor was any very satisfactory explanation of the anomalous condition arrived at. It is possible that the twisting and knotting may have resulted from combing and brushing the hair, and even from lying on it. The combing and stretching might cause the flat hairs, with a natural tendency to curl, to curl all the more (in the same way that a hair will curl up by its own elasticity if drawn out between the finger-nails), and by the

curling to form loops and loose knots which were drawn tight by subsequent combing and brushing. Such an explanation will not hold good in Galewsky's first case, where not only the scalp-hairs were affected, but the beard and pubic hairs, and the lanugo. Still, on account of the absence of any obvious disease of the follicle, such as hyperkeratosis of the mouth, and the fact that the hairs were naturally flat in shape, some mechanical explanation such as the above seems most feasible. It seemed to me highly probable that in the case of the hairs with the frayed-out ends the break had taken place above a knot. I did not, however, obtain a specimen to prove

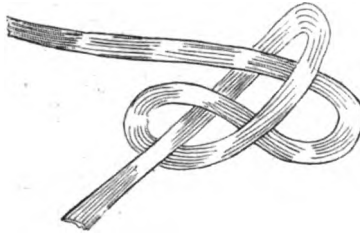


FIG. 4.

this, such as a hair with a knot at the end and the peripheral part of it frayed out.

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## CLINICAL NOTES.

By A. WINKELRIED WILLIAMS, M.B., C.M. EDIN., D.PH.,

*Physician to the Skin-Department, Royal Alexandra Hospital  
for Sick Children, Brighton.*

*(Continued from page 14.)*

### *(V) Cases illustrating the Therapeutic value of Fluorescent Substances and Sunlight.*

THE value of the above treatment is not sufficiently appreciated in this country, although a good deal of useful work has been done by its use on the Continent.\* The German authorities emphasise the

\* E. g. H. V. Sappeiner and Jesionek (*Münch. med. Woch.*, 1903), "Good Results in Malignant Epithelial Growths and Various Tuberculous Affections of Skin";

importance of keeping the skin wet during the treatment, but I have not found this essential.

The treatment is simplicity itself. A 0·5 per cent. watery solution of eosin is swabbed over the skin until it is stained a distinct but not too deep a pink. The patient then exposes the surface to sunlight for an hour or two a day if possible. One of my patients exposed for four to six hours on several successive days. In these long exposures it is advisable to protect the unaffected skin by a mask or other covering. I have also found improvement when only diffuse daylight is used.

CASE 1. *An extensive long-standing Lupus vulgaris of both cheeks and nose.*—Non-ulcerating, but recently is spreading rapidly and invading lower eyelids (in woman over 40 years). Various treatments had been tried. After two weeks' treatment with eosin—the face being constantly painted and exposed for about one to two hours to the sun (according to whether patient could spare time)—the outlying, newer, and more superficial nodules were considerably reduced in size. In one month the outlying superficial nodules were quite well; through the diascopé no apple-jelly tissue could be found. Islets of white scar-tissue had extensively developed in the main patches. The deeper nodules, when viewed through a diascopé, appeared very little altered in size. The whole patch, which previous to treatment was raised considerably above the skin-level, had flattened down. In another month the improvement was more marked, although the progress was not quite so rapid as in the first month. Unfortunately, about this time the patient went on a visit to her mother-in-law, who was terribly shocked and alarmed at the great improvement, and told the patient the doctors were driving the disease in, and she would die of internal cancer, like an elder sister had died. The patient, distressed at this prospect, ceased treatment. Mr. H. H. Taylor, with whom I saw the case, was, like myself, astonished at the great improvement.

CASE 2. *An old lady, with very extensive Lupus vulgaris of both*

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Jesionek (*ibid.*, June 7th, 1904), "Further Report of Good Results in Rodent Ulcer and Epithelioma"; J. J. Pick and K. Asalic (*Berl. klin. Woch.*, September 12th, 1903), "Good Results in Various Forms of Skin Tuberculosis, Rodent Ulcer, and Tinea."

*cheeks, nose, ear, neck, and nearly whole surface of arm from shoulder to elbow.*—I got this patient to describe her case, and her statement is below :

“When a child a very small place came on my face and arm ; a local doctor saw it, but made light of it, and for many years I felt no inconvenience. Then it was troublesome, itching and burning, and I was advised to consult Dr. Erasmus Wilson (about thirty years ago). I was under his treatment some time for the face. He said the arm could wait. It was better, but seemed to spread faster, but never became ulcerated until I had been living in Brighton about two years. Dr. Jones, who was my doctor, treated it and it healed. I then at his suggestion had the X-rays at Mr. Paynes', and it appeared to be getting better. In spring of 1903 it became painful and ulcerated, worse than ever, and Dr. Jones consulted Dr. Williams. Under his treatment it healed nicely, but as it had got so near the eye he advised me to go to the London Hospital for the Finsen-light treatment. I went up in September, 1903, and had one course of twenty-four treatments near the eye ; my health would not permit my having more. It became ulcerated a little again in 1904, but healed under Dr. Williams' treatment. This spring and summer it became bad again, and I have been under his new treatment (eosin and light) since the beginning of June except one month when I was ill. It has certainly done wonders and has not been so comfortable for years. I feel most grateful to him for advising me to try it.”

CASE 3. *Lupus vulgaris erythematoides* (Leloir) with *Erythema induratum* (Bazin).—Mrs. A—. Patches of erythematous and infiltrated areas existed on forehead, sides of nose, and cheek. The centres of patches were depressed with some atrophic scarring, the borders were raised and covered with numerous scales with stalactite projections visible on removal. Scattered over the patches were distinct isolated nodules, most marked near border ; on using the dioscope they showed distinct apple-jelly, lupus tissue, but the disease was quite superficial. The condition had lasted over six years. I at first treated her with calamine lotion and occasional dabbing with weak tar lotion and washing with 3 per cent. biniodide soap. She improved for a time and then relapsed, so I advised her to go to London and have Finsen light. This was done very

thoroughly, with the result that all the vulgaris part of the disease was apparently cured, but the erythema remained. About a year later she again consulted me, and I found the apple-jelly nodules had all returned and the erythematous part was more swollen than before.

*N.B.*—The patient had been motoring extensively in very cold and bad weather. I suggested she should have another course of Finsen, but she was most unwilling to do so, and asked me if I could suggest any alternative, so I decided to use the fluorescent light. The patient then showed me lumps on her arms and legs which were typical non-ulcerating Erythema induratum (Bazin). These were treated with a weak hydrarg. bisulphuret. ointment. At this time I took the opsonic index of the patient's blood to tubercle and found it 0·5. The eosin treatment was thoroughly carried out, and combined with complete rest and full diet; the patient was often four or five hours daily in the bright sun. In a month the condition had vastly improved, the erythematous condition greatly reduced, fine white scarring taking its place. The greater part of the vulgaris nodules had gone and the remainder much reduced excepting one side of the nose—i.e. where the shadow prevented the prolonged action of sun-rays. The Erythema induratum had flattened down somewhat. Her opsonic index was 0·8. Four months later I saw her again; eosin treatment had been occasionally but not regularly used. The Lupus vulgaris nodules had practically all gone; with the diascopé and lens I fancied I could detect in the exact centre of some of the spots of white scar-tissue a small pin-point of apple-jelly tissue, but I could not be quite sure of it. The erythematous lupus was also practically cured. The patient was delighted with the result, which, in her opinion, was very much better than the Finsen light and the treatment much more pleasant though rather more prolonged. Her opsonic index was now just below 0·9. Most of the Erythema induratum nodules had flattened to the surface, and some were quite well.

CASE 4. *Lupus vulgaris erythematoïdes* in a man aged 40 years.—An out-patient under Dr. E. F. Maynard at the Sussex County Hospital. Dr. Maynard asked me to see him. The distribution was the ordinary butterfly type with considerable crusting. On viewing through diascopé, minute apple-jelly areas, quite superficial, were

detected with some difficulty. I took his opsonic index ; to tubercle it was 0·6. Eosin treatment was tried. Three weeks later I again saw him. Despite unfavourable conditions, the unfortunate man being out of employment and in sore straits, and prevalence of dull, cloudy weather, he was much improved. I could not detect with any certainty any apple-jelly tissue, and the Lupus was much improved. The patient stated it was better than it had been for years, and no other treatment had ever done it any good.

CASE 5. *Rodent ulcer of face*.—Dr. Hemming asked me to see a case of rodent ulcer, for which he had tried the eosin treatment. The ulcer was healing, but there was a distinct border of rodent tissue, which Dr. Hemming thought was less than before treatment, but not very much. We decided it would be safer to use X-rays than continue the eosin treatment.

CASE 6. *Lupus vulgaris of nose and cheeks*.—This patient had had the lupus for many years. Half the cartilaginous nose was destroyed. She had had most careful and active surgical treatment, scraping and cauterization, X-rays, and old tuberculin, the latter treatment giving on the whole the best results (*i. e.* she was fairly comfortable for two years afterwards). I saw her with Dr. Maynard and Dr. Paley three months ago; the condition at that time was an active relapse. The nose was covered from tip to near the frontal end of nasal bones with a confluent mass of lupus, the nasal orifice was ulcerated, and a border of acutely catarrhal lupus surrounded the ulceration. The lupus extended over the cheeks on each side as confluent and isolated nodules. The catarrhal and ulcerated part was healed up by boric starch poultices and Brooke's ointment, and then the eosin treatment applied, the patient having one hour daily in direct sunlight. In a week it had improved. I took her opsonic index to T. B. and found it 0·5, and decided to give her in addition  $\frac{1}{1000}$  mg. doses of R. tuberculin, of which she has had four doses at intervals of twelve days. Her opsonic index is now 0·9 and the old confluent lupus patches are replaced by small discrete nodules, a great part of the lupus of cheeks has quite gone, a few discrete, much reduced nodules alone being left.

CASE 7. *Lupus vulgaris of face*.—A colleague of mine who adopted eosin treatment to a case of his informs me that the patient has enormously improved. I saw the patient before treatment was started, but have not seen him since.

CASES 8 AND 9. *Cases of tinea tonsurans*.—These cases seemed to make more rapid progress when treated by eosin and light followed by mild ointments than when under mild ointments alone, but the improvement was not enough to justify delay in applying strong treatments. I cannot, however, say that I gave the treatment a fair trial.

CASE 10.—Mr. H. H. Taylor described to me a case of his, an advanced phthisis, in which troublesome *tubercular ulcers of the lip* developed. He treated them with 0.5 per cent. eosin and they rapidly healed.

CASE 11. *Multiple paraffinomata of nose and eyelids* resulting from an injection of paraffin of too low a melting point, which travelled to the eyelids and the side of the nose. Great œdema and fibrosis resulted. I tried eosin for a few weeks in this case but there was no improvement. This was an interesting case as a test whether the action in removing fibrous and œdematous infiltration would be manifested when the cause was not an organism.

The above is the complete list of cases in which I have tried this treatment, and with the doubtful exception of the tinea cases and the paraffinoma, every one has improved. The value is undoubtedly greatest in lupus cases, and in at all events one of my cases a complete cure resulted, but in these cases the nodules were not deep.

Even if a complete cure is not obtained (very few lupus treatments can claim this) it is an enormous boon to have a simple painless treatment requiring no special apparatus or skill in its application.

This boon is greater to country patients, who have plenty of opportunities of unsmoked sunlight, and who cannot afford time and money to go to town, etc., for other special treatment. The only disadvantage of eosin is the coloration of the skin, which is decidedly conspicuous and difficult to remove at intervals between treatment.

So far I have not tested quinine and other fluorescent bodies on patients' skins. I am now trying the incorporation of eosin in glycerine jelly. If not more than equal quantity of water is used to hydrate the gelatine, it can be peeled or washed off the skin without any deep staining of the epidermis. It is quite transparent, and I think the fluorescence is as great as, if not greater than, in simple watery solution.

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## SOCIETY INTELLIGENCE.

## THE DERMATOLOGICAL SOCIETY OF LONDON.

AN ordinary meeting of the above Society was held at 11, Chandos Street, Cavendish Square, on Wednesday, January 9th, 1907, Dr. T. COLCOTT Fox in the chair.

The following cases were shown :

Dr. DORE showed for Dr. PRINGLE a case of *bullous disease* of the skin in a man aged 25 years, a clerk by occupation. The patient had always been weakly, and had suffered from an attack of rheumatic fever at the age of seventeen. His father and mother and two brothers were healthy. His skin-disease began in May, 1902, when, without any apparent cause, except that he had been working late and was very much "run down," a large blister preceded by a "red mark" appeared on the skin of his left arm, and this was almost immediately followed by numerous blebs scattered about the body. Since this first attack his skin had never been entirely free from the eruption, but it had several times almost disappeared, and been kept in abeyance for several weeks by the administration of arsenic in 6-minim doses. The eruption was rapidly controlled by this quantity of arsenic, but if the dose were stopped or reduced it reappeared the following day. He had been taking arsenic for five years, and the dose had been raised on several occasions to 10 minims three times daily for two or three weeks at a time. He had recently taken this amount under Dr. Pringle's care as an in-patient at the Middlesex Hospital, and the eruption had almost entirely cleared up. The result



of the large quantity of arsenic he had taken was shown in somewhat severe symptoms of arsenical poisoning, including marked pigmentation of the skin—especially of the trunk—characteristic keratosis of the palms and soles, conjunctivitis, and silvery tongue. Diarrhoea had developed recently, and he had also suffered from well-marked tremor of the forearms with some muscular weakness. His knee-jerks were increased. The eruption was not well-developed owing to the arsenic he had taken recently, and was also somewhat obscured by the pigmentation, but the remains of it were evident, and several groups of vesicles characteristic of Dermatitis herpetiformis were present on the back and shoulders. On the other hand, the history of bleb-formation and the fact that the disease was controlled by arsenic were features suggestive of pemphigus. Dr. Pringle showed the case under the name of bullous disease, and was not inclined to admit any real distinction—except a merely clinical one—between the two diseases mentioned above. The patient had only been able to keep his work by taking arsenic, but his symptoms of arsenical poisoning had become so severe that suggestions for alternative treatment were asked for.

The blood was examined on January 24th with the following results: Red corpuscles, 3,300,000 per c.mm.; leucocytes, 25,000 per c.mm.; hæmoglobin, 94 per cent.; hæmoglobin index, 1.42; no poikilocytes or abnormal red cells. Leucocyte analysis (300 cells counted): Lymphocytes, small, 54 per cent.; lymphocytes, large, 5.6 per cent.; hyaline cells, 1 per cent.; transitional cells, 7.3 per cent.; polymorphonuclear cells, 67.3 per cent.; mast cells, 0.3 per cent.; eosinophils, none. The urine gave the test characteristic of the presence of indican.

Dr. WHITFIELD said he had successfully treated a case by estimating the blood-coagulability and giving calcium chloride, and suggested that this should be done in the present instance. Dr. Crocker said that some cases did well on large doses of salicin. In discussing the etiology Dr. Colcott Fox suggested that the urine should be examined for the presence of indican.

Dr. GRAHAM LITTLE showed: (1) a little boy with several deep-seated *tubercular? foci* in the form of hard, colourless nodules under the skin. The patient had been under the care of Dr. Morley Fletcher, the exhibitor's colleague at the Hospital for Children, Shadwell, and a tentative diagnosis of "tumor cerebri" had been

made owing to the following history and symptoms: There was no phthisical history, but the patient had been admitted in December, 1905, with a "tuberculous abscess of elbow." Since May, 1906, he had been an out-patient, attending for a persistent tremor of the left arm and leg. The gait was natural, but the child tended to fall about. Reflexes were exaggerated; Babinski sign was not present. There was no nystagmus and no Romberg symptom. The optic discs were natural. In the course of his attendance under Dr. Morley Fletcher (to whose kindness the foregoing notes are due) he developed several nodules, apparently under the skin. One of these became as large as a shilling, and the surface reddened and the tumour finally disappeared by suppuration and evacuation. Similar swellings had appeared on the elbow, buttock, and knee, and latterly on the hand in the web between the index and thumb.

The diagnosis of deep-seated tubercular foci was generally adopted.

(2) A man, aged 38 years, with a tumour the size of a sixpence on his upper lip near the left ala of the nose. The tumour consisted of a deeply-evacuated ulcer surrounded by a steep and somewhat hard edge. The centre had been evacuated a few days before and had bled freely, but had refilled with a hard dry scab. The patient had been seen by Dr. Clarke, of Horley, six weeks previously; at that time there had been a flat-headed "pimple" with a dirty centre. Three weeks later poulticing had been applied, and on the scab being removed by this means a papillary development in the centre had been noted. The base extended at the same time. Caustics were employed, but without checking the growth. There was no glandular enlargement. The appearances had certainly suggested epithelioma to the exhibitor, but the rapidity of the growth seemed to preclude this hypothesis, and the case was consequently brought up for diagnosis.

The diagnosis of epithelioma was considered improbable but not entirely negatived. A biopsy was suggested. A provisional diagnosis of septic granuloma was made.

(3) A case of *Lupus erythematosus* in a young man, a student of St. Mary's Hospital. The distribution was peculiar in that the lesions were confined to the scalp. There was a long linear patch running obliquely forward from the centre to the left side of the scalp, the

surface being crossed with small dilated vessels, quite bare of hair, and depressed and atrophic; in fact, the linear arrangement, the depression and distribution of the patch had at first suggested the diagnosis of linear sclerodermia. But on the right side of the scalp there were three small, round, slightly scaly patches, reddened and atrophic, which were more like Lupus erythematosus, and this diagnosis was consequently adopted. The long patch had persisted for three years, the others appearing later. The whole surface of the scalp was intensely scaly, but the hair was thick everywhere except in the site of the reddened areas above described. No lesions were present on any other part of the body.

Lupus erythematosus was considered the most probable diagnosis. Dr. Colcott Fox suggested the possibility of the case being a cicatricial atrophy following a chronic septic condition, but admitted the possibility of Lupus erythematosus.

(4) A case of a young girl with a *chronic inflammation of the upper lip and nose* who had been under observation at St. Mary's for about three months. She had come up in the first instance with a very septic granulomatous-looking infiltration of the upper lip and nose which had commenced twelve months ago. The lip was enormously thickened and there was superficial ulceration of the nose which was also greatly infiltrated. Clinical evidence of Lupus vulgaris seemed unmistakable, but the interest of the case lay in the fact that numerous estimations of the opsonic index had revealed a persistently normal figure for tuberculosis, but an index of .6 for streptococcus. She had consequently been receiving injections of streptococcic vaccine, the local condition having been treated with daily exposures to X-rays. She had latterly developed numerous phlyctenular ulcers of the cornea. On the upper part of the nose, above the reddened and thickened area, there was a small circular lesion, deep-seated, and with the aspect of a lupus nodule, and the exhibitor was convinced that the diagnosis of lupus could not be set aside, notwithstanding the apparent contradiction conveyed in the opsonic reactions.

This conclusion met with the general assent of the meeting, although the history was unusually rapid.

(5) A girl aged 22 years, small and thin, who had been the subject, since 1902, of repeated attacks of *Erythema scarlatiniforme*, from one

of which she was now recovering. The case is of such interest that it will be published more fully in a later issue.

Dr. J. M. H. MACLEOD showed a case of *Lichen planus hypertrophicus* of the knees which was of special interest owing to the difficulty it originally presented in diagnosis, its intractability to ordinary forms of treatment, and the remarkable way in which it had recently cleared up under the influence of the X-rays. Mrs. R—, a well-nourished though highly neurotic woman, aged 45 years, came under the care of Dr. Galloway at Charing Cross Hospital in 1896, suffering from what was at that time regarded as a chronic eczema of the knees, irritated by the pressure of kneeling, her occupation being that of a lodging-house keeper, and necessitating much kneeling. Both knees were affected and presented reddish-pink lichenified patches covered with adherent scales. The patches were about the size of the palm of a large hand. The skin was thickened in the centre of them, but the thickening gradually diminished at the edges. The border was irregular but definite. Associated with the lesions there was very marked itching, which was worse when she was warm in bed, and caused her to rub and scratch. The surface was rough, felt hard, and was broken up by transverse furrows.

Various local remedies were prescribed, but with no benefit. Two months later, at the edge of the patches, a number of small rectangular flat lesions appeared which strongly suggested Lichen planus, and this diagnosis was corroborated by a purplish tinge which the patch on the knee assumed owing to the presence of shagreen-like adherent scales. She had continued under treatment at the hospital since 1896, a great variety of local remedies having been applied during that time to reduce the thickening of the epidermis and to relieve the irritation, such as 10 per cent. salicylic acid ointment, perchloride of mercury and carbolic acid in an ointment, and tar ointment. In 1901 the patch on the left knee began to improve, but the improvement was temporary, and in a few weeks it was almost as bad as ever. At the time when it had partly involuted the diagnosis was verified, as the general redness had partly disappeared, and the patch was seen to be composed of numerous small lesions of Lichen planus. Since 1901 it had remained *in statu quo*. In May, 1906, as the affection caused so much irritation and prevented her sleeping, it was

decided to give the knees an exposure to the X-rays. Two exposures at an interval of three days were given, each exposure being about half of a Sabouraud dose (namely 7000 discharges from a tube of No. 4 penetration, according to a Benoist radiochromometer, and at a distance of 15 cm.). As a result the redness of the patches diminished, a certain amount of flattening supervened, and the itching was greatly relieved. She did not attend regularly, and since then has only had one exposure of the same dosage each month. At the time the case was exhibited the patch from the left knee had almost completely disappeared. The thickening had gone, the rough scaliness had disappeared, leaving a soft pliable surface, and it no longer itched. The right patch was also very much less marked, all that was left of it being a small warty thickening over the patella. A photograph of the condition before the X-ray treatment was shown.

Dr. WHITFIELD showed a case of *Trichorrhexis nodosa* in a medical student. The history was that after a visit to the hairdresser's the patient noticed some slight irritation at the back of the neck and soon afterwards discovered some small lumps there. When first seen there were present three small, rather red, elevations about the size of peas at the back of the neck, almost at the lowest part of the scalp hair. Over these elevations practically all the hair was broken off short, so that the first diagnosis that suggested itself was ringworm. Careful examination, however, showed the absence of all fungus. It was then found that some of the hairs showed thickenings on the stem which microscopically proved to be due to splitting of the fibres and formation of "greenstick fracture." Further investigation into the history showed that the patient had occasionally suffered from a few acne pustules in the affected region, and that after the discovery of these lesions he had been assiduously rubbing in 1 in 20 carbolic. On the whole Dr. Whitfield thought that it was a case of traumatic breaking of the hair due to the corrosive action of the carbolic acid, and pointed out that Sabouraud insisted strongly on chemical trauma as a cause of trichorrhexis. A specimen of the fractured hairs was shown.

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## CURRENT LITERATURE.

ON THE RELATION OF DERMATITIS EXFOLIATIVA NEONATORUM AND PEMPHIGUS ACUTUS NEONATORUM. E. HEDINGER. (*Archiv f. Derm. u. Syph.*, July, 1906, p. 349.)

THERE is at present considerable divergence of opinion with regard to the position of *Dermatitis exfoliativa neonatorum* in the classification of skin affections. Ritter, who described the disease, believed it to be a specific affection, while various writers, such as Richter, regard it as a variety of *Pemphigus neonatorum*. The differential diagnosis in many cases is extremely difficult, and at some stages in the disease is practically impossible. According to Winternitz, Luithlen, and Bender, who have studied the histopathology of *Dermatitis exfoliativa*, there is a marked increase in the prickle-cell layer of the epidermis, which does not occur to the same extent in *P. neonatorum*. In this contribution the writer reports a case for which he was indebted to Professor Jadassohn, of Berne. The patient was an infant who was born perfectly normal, and whose mother was healthy. A few days after birth the skin of the whole body became red. On the seventh day a small vesicle appeared near the umbilicus, which rapidly increased in size. Other vesicles and bullæ then developed on the legs and left foot. A few days later severe diarrhoea set in, and the skin began to exfoliate. Near the umbilicus two raw, moist patches, about the size of a franc piece, appeared, and similar lesions developed on other parts. The contents of a bulla was examined, and pure cultivation of *Staphylococcus pyogenes aureus* were obtained. The skin became more and more scaly. The child now began to show signs of being dangerously ill, the temperature rose to 38·8° C., pneumonia set in, and the infant died on the ninth day. A histological examination of a piece of skin showed the stratum corneum split, and raised up to form a scale. The basal layer of the epidermis was perfect, and the cells above that seemed healthy. Towards the stratum corneum the cells were œdematous, and showed evidences of parakeratosis. The underlying blood-vessels of the upper part of the corium were dilated, and were surrounded by an inflammatory cellular infiltration.

This case corresponded more closely to *D. exfoliativa* than to *P. neonatorum*, the vesico-bullous formation being less marked than the generalised erythema and exfoliation. A few days after seeing this case another child, aged 17 days, was brought to the same clinic suffering from typical *P. neonatorum*, and this infant came from the practice of the same midwife. There was a thickening of the epidermis of the palms and soles. After a few days the whole process healed up. A bacteriological examination of a bulla showed no streptococci, only *Staphylococcus pyogenes aureus*.

From a comparison of these two cases the writer concludes that the two diseases differ in degree rather than in kind, and agrees with Richter in regarding *D. exfoliativa neonatorum* as a specially malignant variety of *P. neonatorum*, characterised by marked exfoliation of the epidermis. J. M. H. M.

CONTRIBUTION TO THE KNOWLEDGE OF IDIOPATHIC ATROPHY OF THE SKIN. PAUL RUSCH. (*Archiv f. Derm. u. Syph.*, August, 1906, p. 3.)

THIS contribution is based on the study of the clinical characters and histology

of a series of cases of idiopathic atrophy of the skin, which had come under observation during recent years at the dermatological clinic at Innsbruck. As a result of his observations the writer has arrived at the conclusion that idiopathic atrophy of the skin is not an entity, but comprises several different affections. From the clinical standpoint these cases can be divided into two categories—(1) the cases in which the atrophy is independent of any macroscopical inflammatory changes, and (2) those in which, at some time or other, inflammatory appearances occur, such as swelling and oedema. A number of cases are then described in detail which illustrate these two types.

J. M. H. M.

**STUDIES ON SYPHILIS IN APES.** E. FINGER and K. LANDSTEINER.  
(*Archiv f. Derm. u. Syph.*, November, 1906, p. 147.)

In this communication the results of inoculating apes with different kinds of syphilitic material are described, as well as various experiments on syphilitic immunity. In the first series of experiments lymph-glands from two cases of syphilis in the primary stage, four to six weeks after infection, were inoculated seven times on *Macacus sinicus* and *M. cynomolgus*, and similar inoculations were made from three patients in the secondary stage, three or four months after infection. Two of the inoculated apes died before the incubation period was over, one gave negative results, and in four of them an intense reaction took place, the lymph-glands becoming enlarged, not only in the neighbourhood of the inoculation, but at a distance from it, about eleven weeks after the inoculation. Six apes were also inoculated with blood from syphilitic patients, the blood being taken from the fingers. In three cases the animals were inoculated with blood alone on the eyebrows; in the other three one eyebrow was inoculated with blood, while in the other the broken-down pulp from a crushed papule was inoculated. These inoculations in no case gave definitely positive results. The milk from a syphilitic woman was also inoculated with negative results. Inoculation of seminal fluid from an old case of syphilis resulted in specific disease of the testes.

Inoculations are next described which were made at various intervals to test the duration of immunity to a new infection. In one group of experiments the second inoculation was made during the incubation period, before the appearance of symptoms, and in the second group it was made after the results of the first inoculation were evident. The experiments showed that the longer the time which elapsed between the two inoculations the more liable was a second infection to occur, and led the writers to the conclusion that the syphilitic at all stages in the course of the disease can react with local specific appearances to the syphilitic virus, and that there exists only a very considerable, but not an absolute, immunity to the disease.

J. M. H. M.

**THE PURU OF THE MALAY PENINSULA.** T. D. GIMLETTE.  
(*Journ. of Trop. Med.*, May—June, 1906, pp. 149, 173, and 186.)

THE disease known by the Malay name of "puru" has never been described in detail from the Malay native states before, it is identical, however, with the West

Indian and African "yaws" and the Fijian "coko," and under these headings numerous careful descriptions of it occur in the literature. The earliest references to puru are by Bontius in 1718, who seems to have recognised it in the Molucca Islands as the "amboina pocks," and by Marsden, who called it "nambi" in his history of Sumatra.

Puru is one of the commonest diseases of the Malay children, but is rare among infants. It may occur at any age. It attacks either sex with equal frequency. At least 90 per cent. of the Malays in the State of Kelantan are said to be attacked by puru. Europeans appear to be exempt, but it prevails among the Chinese and Siamese inhabitants. In this disease heredity has apparently no influence, and it is never congenital. Social position seems to have little influence in predisposing to the disease, as it seems to be equally common in the native palaces and in the smallest hamlets. The sanitary conditions, however, are equally defective in all the Malayan houses.

The Malays know that the disease is contagious, and that a second attack does not occur in the same person. Deliberate inoculation, however, is never practised among them. It is recognised to be a specific disease. The incubation period is believed to be about twenty days. The attack is generally preceded by a general constitutional disturbance, with slight fever, rheumatic pains, etc. The initial puru breaks out all over the body as a miliary papular eruption, and often in successive crops, and is attended with severe itching. The typical raspberry-like efflorescence develops gradually from the papule. The point of inoculation is often some simple scratch or sore, and from it grows the "puru ibu" or mother sore. This is the largest and most persistent lesion, and is most often found on the foot, leg, thigh, wrist, or hand. The efflorescences are moist on the surface owing to the presence of a thick, glairy discharge, which dries up to form a dirty yellowish crust. These lesions are scattered over the whole skin. Irregular shaped sores are very common at the angles of the mouth, about the nostrils, and genitals. It is doubtful if the sores actually attack the mouth. The sores heal very slowly, and gradually shrivel, leaving dark stains or superficial scars.

The disease is of long standing, and frequently lasts for a couple of years or more. Sometimes the initial eruption becomes scaly, at other times it may develop into a serpiginous ulceration. If the disease proves fatal it is generally the result of intercurrent disease. In some cases the lesions, on healing, leave more or less severe scarring, contraction, and disfigurement. The Malays clearly distinguish between puru and syphilis, which they regard for many reasons as totally distinct affections, and they recognise the fact that people who have had puru may contract syphilis and *vice versa*. The diagnosis from syphilis is based on the uniformity of the lesions, the limitation of the constitutional disturbance, and the fact that it does not attack the fœtus. The "puru ibu," or mother puru, differs from the primary sore of syphilis in being made up of a collection of multiple tubercles, which does not ulcerate and persists through the whole course of the disease. The writer next describes a series of cases of puru which are illustrated by excellent photographs.

With regard to the pathology of puru there is practically nothing which has not been already described under the heading of yaws. As the disease is seldom fatal it is impossible to record the results of post-mortem examinations, and in any case these are prohibited among the Malays owing to religious custom.



The Malays have paid much attention to the treatment of puru, both with drugs derived from their own flora and by the use of a few imported medicines, but with doubtful success. It is generally believed that treatment is of no avail till the full development of one or more puru sores has taken place. When this has happened their most valued remedy is a latex or gum called "getah agu" in Kelantan, obtained from a climbing jungle creeper, very like the *Hunteria Roxburghiana*. This is smeared on daily, and causes the sores to shrink. Another latex which is employed is collected from the jungle creeper *Willoughbeia firma*. The Malays also use sulphate of copper for the same purpose, this salt being known by the name of "terosi." For use the terosi is powdered down and mixed with palm oil. This application is painful. The most important of the Malay drugs is the "Tuba tikus" (pure arsenious acid), which is imported by way of Singapore. It is used externally in the treatment of puru either as a powder or added to various roughly-made pastes prepared from certain native plants. Infusions of various plants are also given internally. Sovereign remedies are also common, a typical native prescription being as follows: "Take the knee-cap of a tiger, the bones of a dugong, the bones of a goose, the bones and horns of a Kambing gurun (a rare wild goat), the horns of a rusa (a wild deer) while still soft; add belirong bang (sulphate of arsenic) and chendana janggi (red sandal-wood), and mempūs harimau (a kind of wood). Grind these ingredients down with some boiling rice water, take a small amount of ashes from the hearth, mix and administer the draught by the mouth." It is of general interest to know that the drugs used in puru are not used by the Malays in their treatment of syphilis, the chief Malay drug used for the latter disease being "pokoh restong," a root from which a lotion is prepared and employed specially in cases of ulceration and destruction of the nose. At the present time puru is rarely if ever treated in the isolation wards of the hospitals in the Malay peninsula; but in consideration of the contagiousity of the disease it is hoped that some isolation of the puru cases may eventually be achieved.

J. M. H. M.

**NOTES ON THE TREATMENT OF EPITHELIOMA BY MEANS OF CAUSTIC POTASH.** ARTHUR VAN HARLINGEN. (*Journ. of Cut. Dis.*, Aug., 1906.)

OF the caustics destroying not only the disease but all the tissues, so far as their influence can reach, the author has had most experience and the best results with caustic potash. Arsenic and arsenical pastes can alone be compared in efficacy, and these are apt to give rise to severe and prolonged pain, whilst that brought about by the potash is generally bearable, and can be stopped by a neutralising agent, such as acetic acid. He concludes (1) that in a certain number of cases epitheliomata of the skin are best treated by means of caustic potash; (2) that these cases comprise such as display small, well-defined, pearly lesions, from one half to one, or even two, centimetres in diameter, chiefly found upon the face and adjacent parts; (3) larger lesions are best treated by the X-ray, but caustic potash may be used to soften and dissolve the horny epithelium, and perhaps, in some cases, as an adjuvant.

In the discussion of this paper Hartzell said that he first applied caustic potash

very superficially, removing it when pain was caused, and then a 40—50 per cent. pyrogallol plaster, which in these circumstances acted effectively.

T. C. F.

**THE LENGTH OF THE PRIMARY INCUBATION STAGE OF SYPHILIS.** ABNER POST. (*Journ. of Cut. Dis.*, Aug., 1906.)

POST, objecting to the statement that the initial lesion of syphilis may show any time after infection between four or five and one hundred (or more) days, reviews the sources of our knowledge, which are derived from (1) clinical observation depending on the patient's statements, and therefore often most unreliable, and (2) the results of experimental inoculation. He traces the progress of our knowledge from the time of John Hunter onwards, and notes the progressive increase in the length of the primary incubation period recorded by experienced observers. Of the experimental inoculations recorded in the middle of the last century Post selects fifteen from Rollet's list. In five the incubation was 28 days, in two 27 days, in two 25 days, in one each 15, 18, 21, 24, 34, and 35 days. Of the numerous accidental inoculations occurring in vaccination, tattooing, circumcision, etc., Post refers only to the vaccination cases, and quotes Hutchinson to the effect that the incubation stage is about a month. In six undoubtedly successful inoculations of chimpanzees the incubation period was 22, 22, 26, 33, 35, and 37 days respectively. So far as experimental inoculation is concerned we are justified in believing that the true chancre has always a period of incubation which never falls below 15 or possibly 13 days and never exceeds 42 days.

T. C. F.

**A CASE OF LUPUS ERYTHEMATOSUS IN EARLY CHILDHOOD.** J. F. SCHAMBERG. (*Journ. of Cut. Dis.*, August, 1906.)

THE author records a case, with portraits, of Lupus erythematosus of the cheeks in a little girl scarcely five years old, and of nearly nine months' duration. He quotes the following ages at which the disease has been met with: three years (Kaposi), six years (Crocker), seven years and nine others under fifteen (Sequeira), eight years (Jamieson).

T. C. F.

**ARSENIC IN PITYRIASIS RUBRA PILARIS (DEVERGIE).** M. L. HEIDINGSFELD. (*Journ. of Cut. Dis.*, August, 1906.)

THE author points out that arsenic, when administered internally in excessively large doses in the form of Fowler's solution, and the Asiatic pill, and when injected in the form of sodium arseniate, exerts no favourable effect on the course of the affection. He, however, records three cases to illustrate that the successful management is dependent on the administration of intestinal antiseptics, such as Beta-naphthol and guaiacol carbonate, or carbolic acid, combined with a carefully regulated diet, the external application of tar in appropriate form, with the hypodermic administration of arsenic in the form of atoxyl or cacodylic acid.

T. C. F.

**DERMATITIS HERPETIFORMIS, A PRELIMINARY NOTE UPON THE PRESENCE OF INDICAN IN THE URINE IN THOSE AFFECTED WITH. M. F. ENGMAN. (*Journ. of Cut. Dis.*, May, 1906.)**

THE author for five years past has systematically examined the urine for indican in patients suffering from Dermatitis herpetiformis. The indican was found in fourteen cases, six under his own care and eight reported to him. Dr. Loth and Dr. Joseph Grindon had also observed this indicanuria. In Engman's six personal cases a high percentage of eosinophiles was observed in the blood and bulla contents, and an increase of eosinophilia and indicanuria was coincident with exacerbations of the eruption. The question arises whether the indicanuria points to a toxæmia generated through putrefactive or other intestinal condition or a parasitic invasion.

T. C. F.

**MYCOSIS FUNGOIDES: THE EVOLUTION OF A CASE UNDER THE INFLUENCE OF X-RAYS. Drs. C. J. WHITE and F. S. BURNS. (*Journ. of Cut. Dis.*, May, 1896.)**

A FARMER, aged 52 years, suffering from a generalised mycosis fungoides with some ulceration, was treated by the X-rays, beginning on June 29th, with excellent results as far as the skin was concerned. In fifty-four days fifty-nine exposures were made, each lasting from ten to five minutes at a distance of ten to five inches. About a third were given on a six-inch coil with a capacity on a low tube of 0.5 milliampères, and two thirds on a twelve-inch coil with a capacity of 0.75 to 1.25 milliampères. A progressive rise of temperature set in from the fifth to the tenth day (102.8°, F.) of treatment, then, after a remission for two days, another rise to 104°, F. (fifteenth day). Thereafter the temperature was about normal until a marked change set in on August 22nd with high temperature, a bronze tint of the skin deepened, and slight albuminuria, a systolic apical murmur, an intermittent pulse, somnolence, and loss of weight set in. Death occurred on September 7th. The autopsy revealed streptococcic septicæmia. The histology of the original pubic tumour and of the skin after X-ray treatment was studied. The paper concludes with a study of the literature of the toxic effects produced by X-rays, from which it appears that although a fatal case of toxæmia has not been recorded it behoves operators to bear the possibility in mind. The fatal issue in the case recorded was apparently not due to mycosis fungoides, and the septicæmia was not the chief cause of death.

In the ensuing discussion the frequency of death from septicæmia in mycosis fungoides was maintained, and the speakers were inclined to think that death in the case under consideration was not due to toxæmia from the rapid clearing up of the tumour by X-rays.

T. C. F.

**HELIOOTHERAPY OF PSORIASIS. MAX JOSEPH. (*Derm. Centralb.*, September, 1906, p. 358.)**

WITH reference to the recently expressed views of Dr. Nevins Hyde on the influence of light-hunger in the production of psoriasis, the following case, reported by Max Joseph, in which sunlight appeared to originate an attack of this disease, is not without interest.

A married lady, aged 35 years, who had never suffered from any previous skin-disease, nor heard of such in her family, stayed for five weeks in the summer of 1906 at a watering-place on the North Sea and spent the greater part of the day on the beach. She wore constantly a bright blouse of open-work material. After fourteen days the exposed parts of the skin became reddened and showed some scales. But as she suffered little discomfort beyond slight itching, she attached no importance to this, and continued to sit for hours together on the beach in the same clothing. She was told that the condition was an eczema caused by the heat, but as it was not healed by ointments and powders, and the redness and scale-formation increased, she consulted the writer of this paper in September, 1905. He found on the chest and back, as well as on the neck, a large number of patches of psoriasis which completely corresponded to the open-work pattern of the blouse. The diagnosis was confirmed by the presence of minute patches of psoriasis on both elbows. The healing of the eruption took place at the end of November, 1905, under arsenic internally and Dreuw's ointment (Acid. salicyl., 10; Olei rusci, Chrysarobini,  $\text{aa}$  20; Sapon virid, Vaselin flavi,  $\text{aa}$  25) externally. The author thinks that this case supplies almost experimental proof of the influence of the sun's rays in giving rise to localised patches of psoriasis on the exposed skin, an observation which is of the greatest importance in the recommendation of sun baths for psoriasis.

S. E. D.

**EPIDERMIDITIS LINEARIS MIGRANS.** EDUARD KENGSEP. (*Derm. Centralb.*, April, 1906, p. 194.)

UNDER this name the author describes a case which came under his notice in Dorpat. The disease occurred in a child of weakly constitution, aged 2 years. In 1903 the child was bathed in a tub which had stood unused in the kitchen cellar for a couple of years. At the beginning of January, 1904, the mother noticed that the child slept badly and scratched herself, and on closer observation found a little red streak about two inches long, which she attributed to the effect of scratching. At the end of January, again after violent scratching, the mother found a red curved streak beginning on the nates and extending over the right hip to the hypogastrium, and as the disease was extending she took the child for advice, when the condition was as follows: In the right gluteal region there was a slightly scaly streak 1 mm. in width, at first a pale yellow and gradually becoming a dark brown colour, but red in the most recent places, slightly raised, either straight or in loops, or in a skein of loops, forming, as it were, a nest or colony. The streak showed no branching, and it looked as if a looped scratch had been drawn on the healthy epidermis with a fine sharp-pointed needle. The rapidity with which the streak grew varied from day to day; on many days after a stand-still of twenty-four hours a fresh outshoot of about 10 cm. was seen from a nest or colony.

Samson-Himmelstjerna has noted the progress of the streak to be usually from 1 to 3 mm. in twenty-four hours, Kaposi saw it advance 15 or even 30 cm. The latter author, as well as Rille and Neumann, have seen the length increase  $\frac{1}{2}$  to  $1\frac{1}{2}$  cm. in an hour. A piece of the streak about  $1\frac{1}{2}$  cm. in length was excised and cultures were made on agar-agar, gelatine, bouillon, and milk. After a few days two colonies grew in the gelatine stab-culture without liquefying it, and

showed streptococci; nothing grew in the other cultures. The excised piece of skin, which was not taken from the extreme end of the burrow, threw no light on the cause of the disease.

The writer concludes by giving a *résumé* of the literature of the subject and discusses the nomenclature and pathology of the disease.

As regards the treatment, some authors advise excision (Neumann, Schmidt), others antiparasitic applications, such as mercury, epicarin, naphthol, resorcin, or the injection of carbolic acid (Crocker). In the present instance an ointment containing resorcin was used.

S. E. D.

**THE TREATMENT OF HYPERTRICHOSIS. DIETRICH AMENDE.**  
(*Derm. Centralb.*, March, 1906, p. 162.)

THE writer refers to the various methods employed for the removal of hair and describes the technique of electrolysis; he then gives an account of Kromayer's new method of epilation by means of a hollow rotary cylinder-knife worked by an electric motor. Notes are also given of a case treated in this manner.

The method of procedure is as follows: The hair having been cut short, the rotating cylinder is introduced over each hair and pushed down in the direction of the root. Bleeding is stopped by sublimate swabs. As soon as a little circle of hairs (ten to thirty) has been dealt with, the operator seizes the hair-shaft with forceps and tries to draw it gently from its bed. As soon as he encounters resistance the assistant grasps the cylinder with horizontal forceps as near to the root as possible. If the bleeding continues the part is covered with a swab of cotton-wool and another area is proceeded with. The pain of the operation depends upon the individual, and the writer saw a lady who had six hundred hairs removed in a sitting without a grimace; others are nervous and difficult to keep still. At first Kromayer tried to stop the pain with ice, but he found this impracticable and injected a weak solution of cocaine. The latter acted excellently, and the patient had not the slightest unpleasant sensation during the operation.

In summing up the value of the method the writer considers that the cumbersome apparatus, the difficult technique, the inconvenience and unpleasantness of the anæsthetising, and the bleeding are drawbacks, while the celerity of the epilation—a practised operator being able to remove ten times the number of hairs in the same time as compared with electrolysis—is a great advantage. The results with regard to scarring are good, and were it not for relapses, which occur in the case of badly removed hairs, he thinks the process would mark a distinct advance in the treatment of hypertrichosis.

S. E. D.

**IDIOPATHIC ATROPHY OF THE SKIN AND SCLERODERMIA.**  
PAUL RUSCH. (*Derm. Zeitschr.*, p. 749, November, 1906.)

THE simultaneous occurrence of these two affections has been at times recorded in dermatological literature, and under such circumstances it seems that they must have some similarity of common origin or genetic relationship, rather than a merely accidental co-existence in the same patient. Transitional forms may also perhaps occur, and it is to be remembered that a group of

diseases occurs which is closely related to circumscribed sclerodermia or morphœa, and in some respects must be considered identical with it, while in its course it resembles idiopathic atrophy, inasmuch as the original erythematous condition is succeeded by an alteration in the tissue, which leads to an atrophic lesion without passing through a stage of induration. The atrophic lesion appears, therefore, to have an idiopathic origin. Thibierge looks on these lesions as distinct in themselves, intermediate between the common forms of sclerodermia and idiopathic atrophy of the skin, differing, however, from the latter by the aspect of the cutaneous surface, which shows no atrophic characteristics, but rather assumes, with respect to the colour and condition of the epidermis, the usual appearance of morphœa. These cases of atypical sclerodermia were often confused with circumscribed idiopathic atrophy, because only their final stages of atrophic scar-formation were met with, and the characteristic induration necessary for a diagnosis of sclerodermia was never observed, and its previous existence was entirely denied by the patient. Under the heading of "partial idiopathic atrophy of the skin" are therefore recorded cases which are more truly examples of atypical circumscribed sclerodermia. Rusch regards as such the cases described by Taylor in 1893, by Deutsch, and by Juliusberg, and himself records a case in detail as follows :

The patient, a man aged 44 years, came under observation in 1903 with numerous depressed, pigmented, atrophic lesions of the skin on the right side of the trunk and buttock, sharply limited by the median line, and for the most part running obliquely forwards and downwards. Excision of a portion of the affected skin showed that the subcutaneous fat had almost disappeared, and the indurated skin lay almost on the fascia. Microscopic examination showed that the horny layer comprised a compact stratum 0·021 mm. in thickness, nowhere containing nuclei which could be stained. The stratum granulosum consisted of 2—3 layers of elongated, spindle-formed cells. In the cylindrical basal-cells and in the overlying cells of the rete Malpighii numerous yellow-brown pigment granules were present. The papillary body was atrophied, the papillæ were short, broad, diminished in number, much as in preparations of senile atrophic skin. The elastic layer of the upper cutis was thinned, but the sub-epithelial network was visible, although coarser and with a wider network than usual. In the deeper layers the elastin was everywhere well represented, but in consequence of the diminution in size of the collagen bundles the elastic fibres were more closely apposed, sometimes pressed together in bundles, in this respect giving the appearance of hypertrophy. The elastic fibres were not normal; they stained with difficulty and irregularly.

These and other facts pointed to the case being, not a simple case of ordinary sclerodermia, but one of atypical course, in which the characteristic hypertrophy of connective tissue was either entirely absent or so slight and evanescent that clinically it was never apparent.

Rusch also describes a case in which apparent foci of sclerodermia were associated with the phenomena of diffuse atrophy of the skin, the latter being clinically much the most marked. The patient was a woman, aged 55 years, in whom the skin-affection had shown itself on the right leg eight or ten years ago. In the course of the succeeding year the skin-affection had spread over nearly the whole of the right leg, and three years before attending the hospital similar lesions had appeared on the left leg and two years later involved the buttocks.

The first symptoms which the patient noticed were redness followed by scaliness of the previously healthy skin, which became dry and harsh. Over the right trochanter was an infiltrated mass, extending somewhat deeply and immovable on the fascia. At the edges it was ill defined; in colour the overlying skin was yellowish white, resembling ivory, and in places showed small terminal vessels. Patient emphatically denied that similar infiltrations had occurred elsewhere on her legs.

When patient again visited the hospital two years afterwards the disease showed no signs of extension, and the only changes which had taken place were in the sclerodermic infiltrations. The patient's general condition was good.

Rusch states that this none so rare, in no way merely accidental, coincidence of idiopathic skin-atrophy with the clinically most important and essential symptoms of scleroderma must be taken as a further proof of relationship existing between the two diseases.

J. L. B.

**A PSORIASIFORM VARIETY OF FAVUS OF THE SKIN.** CONSTANTIN and BOYREAU. (*Monats. f. prakt. Derm.*, p. 544, November 15th, 1906.)

ON the non-hairy skin three forms of favus are known: (1) a typical form; (2) Favus erythemato-squamosus; (3) Favus herpeticus, which more or less resembles trichophytosis of the skin. In one patient under the care of the writers all these forms co-existed, in addition to another which has not previously been described in favus, and so closely resembled psoriasis that different observers were led into error. Microscopical examination, however, demonstrated the presence of the achorion in these psoriasis-like scales.

The patient was 45 years of age, and had probably suffered from favus of the head and rest of the skin for a long time. Some of the foci on the scalp had the usual mousy odour; some soft grey hairs grew on them. The scalp between these foci was shiny, sclerosed, and almost bald. Similar lesions were present on the forehead and cheeks. On the breast and abdomen typical favus colonies were also found, but there were also to be found lesions, sometimes as large as a two-franc-piece, giving the sensation to the finger of plaques, the skin of which could only with difficulty be thrown into folds. These lesions were the seat of a fine scaliness, formed of white concentric, sometimes tile-like, striated lamellæ. On the anterior surface of the thigh were places which still more closely resembled psoriasis, inasmuch as some of them were round, with a distinct edge, brownish in colour, becoming pale when scraped. Fifteen days after admission to the skinward she had hæmoptysis and died.

P.M. showed tubercular peritonitis and sub-pleural tubercles.

J. L. B.

## REVIEW.

**TRAITÉ ÉLÉMENTAIRE DE DERMATOLOGIE PRATIQUE.\***

THIS "elementary treatise on practical dermatology, including the cutaneous syphilides" has the distinction of being one of the largest works on the subject as yet written by a single author. It is a monument of patient observation and

\* *Traité Élémentaire de Dermatologie Pratique.* By L. BROcq. Paris: Octave Doin, 1907. Two vols. Price 40 fr.

indefatigable energy, and represents the experience of one who for nearly a quarter of a century has taken an active part in the progress of dermatology. To adequately review a treatise of 1753 pages in the space at my disposal is an impossibility, and in this brief notice of Brocq's work reference will only be made to the general arrangement and trend of the teaching embodied in it, and to one or two controversial matters in connection with classification on which the author has expressed a more or less decided opinion.

In writing this treatise Brocq has endeavoured to deal with the subject philosophically as a connected whole, bound together by a definite scheme of classification based on his theory of "cutaneous reactions." In so doing he has gone further than he did with Besnier and Jacquet, his co-editors of *La Pratique Dermatologique*, for in that work the stumbling-block of classification was avoided and the simple expedient of an alphabetical arrangement adopted. The etiology and pathology of skin-affections in general are first described. From that he goes on to the discussion of their symptomatology and pathological anatomy, or, as he graphically puts it, the "modes d'expression des dermatoses." Then follow sections on the diagnosis, prognosis, and treatment of skin-diseases as a whole. The individual cutaneous affections he divides into two great groups: (1) "true morbid entities," embracing the cutaneous diseases with a definite etiology and pathology, and (2) the cutaneous reactions. In Group 1 he includes three classes of skin-affections, namely: Class 1, the artificial dermatoses, which are subdivided into two artificial eruptions due to external and internal or toxic causes; Class 2, the parasitic dermatoses, subdivided into (a) those caused by animal parasites, and (b) those resulting from vegetable parasites; and Class 3, the microbic dermatoses, subdivided into those due to (a) bacilli, (b) spirilla and spirochætes, (c) cocci, and (d) those which are probably microbic but in which a pathogenetic micro-organism has not yet been established.

In Group 2 are placed the remaining dermatoses, under the heading of Cutaneous Reactions. This group is also divided into various classes. Class 1 consists of the "pure cutaneous reactions" and includes (a) the pruriginous dermatoses, and (b) cutaneous reactions in which pruritus is not the leading symptom. Class 2 comprehends the cutaneous reactions in the etiology of which disturbances of the nervous system seem to play the most important part, and includes (a) trophic derangements of the skin in the course of a definite disease of the nervous system, (b) trophic disturbances secondary to diseases of glands, such as the thyroid, thymus, etc., (c) tropho-neurotic conditions regarded by some authors as morbid entities, such as Raynaud's disease, and (d) monomorphic eruptions with a systematic distribution such as Herpes zoster and vitiligo. Class 3 consists of cutaneous reactions characterised by derangements of the nutrition of the tissue or cutaneous dystrophies. It includes (a) the dermatoses characterised by a diminution of nutrition leading to hypertrophy, (b) dermatoses characterised by atrophy, and (c) mixed dystrophies. In Class 4 are grouped the cutaneous neoplasms.

The keynote of Brocq's classification is his conception of the "cutaneous reactions." Each individual, according to the author, reacts in a special manner to a given cause, but diverse causes may produce in different individuals similar eruptions, and on the other hand diverse causes may be responsible for the same eruption or type of reaction in one individual. A cutaneous reaction is thus for Brocq, not a definite disease with a precise etiology, but a morbid condition



peculiar to the individual himself. To take an example, urticaria has definite objective characters, but depends on a predisposition of the patient and can be provoked by a variety of causes. The author, while regarding this scheme of classification as by no means perfect, considers that it affords a suitable basis for the grouping of various skin-affections, and at the same time gives some indication of the nature of the dermatoses included under its different headings.

There is a controversial point in the scheme, however, in that his first group, the "true morbid entities," which he distinguishes from the "cutaneous reactions," comprises cutaneous affections which are also reactions with a definite etiology, reactions which differ, not perhaps so much in type in different persons, as in degree, not only in different individuals, but at various times and in different parts of the skin of the same individual; and, further, the detailed development of this scheme has resulted in the production of an arrangement which is so complex that unless it is followed with attention and at least an elementary knowledge of skin-diseases, it is apt to be confusing. Besides, when all is said and done the author is compelled to group a certain number of morbid conditions under the non-committal heading of "syndromes inclassables." The individual diseases are described throughout with all the facility which characterises Brocq's writing. Any attempt at a complete bibliography and historical account of the disease is purposely avoided, and only the more important contributions on the different subjects are referred to. This omission is no disadvantage since it has been done so thoroughly under the author's own supervision in the *Pratique Dermatologique*. He has not hesitated, however, to borrow freely from the work of his French colleagues, and there is much that is familiar from the writings of Besnier, Sabouraud, and others. The letterpress is illustrated by a series of exceptionally good photographs of patients from Brocq's clinique by Dr. Sottas and by a number of photomicrographs by Professor Audry, of Toulouse. Another feature of the work is a series of charts illustrating the different skin-affections and their relation to allied dermatoses. Each group of cutaneous reactions is conceived by Brocq as a sort of nebula with ill-defined limits, and formed by an aggregate of facts which he has likened to stars, the rays from which merge indistinctly into those of their neighbours. This poetical conception, like the scheme of classification, necessitates careful study to be appreciated.

There is much that is suggestive in Brocq's description of the various skin-diseases, and the impression left on reading them is that the writer is relying as far as possible on his own powers of observation and experience, and expressing his personal views of the pathology and etiology of the different affections. That these descriptions are of special interest goes without saying, for in them is embodied the teaching of one of the most advanced of modern French dermatologists, who has had the great fortune of early training under such masters as Besnier and Vidal.

J. M. H. M.

# THE BRITISH JOURNAL OF DERMATOLOGY.

MARCH, 1907.

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NÆVI CYSTEPITHELIOMATOSI DISSEMINATI (LYMPH-  
ANGIOMA TUBEROSUM MULTIPLEX OF KAPOSÍ;  
HIDRADÉNOMES ÉRUPTIFS, JACQUET ET DARIER).

By GEORGE PERNET,

*Assistant to Skin-Department, University College Hospital.*

At the meeting of October 11th, 1905, I showed sections from a new case of this uncommon condition, details of which now follow.

The patient was a young woman, aged 25 years (No. 155, University Hospital, Skin-Department, February 24th, 1905), who stated she had had the eruption from the age of sixteen years. On the whole the appearances were more or less those presented by the patient depicted by Radcliffe-Crocker in the *Clinical Society's Transactions* for 1899 (vol. xxxii), except that in the fresh case I am describing the growths were less numerous and rather less obvious. In the latter patient the growths were scattered about the upper part of the front of the chest above the transverse nipple line and about the clavicles, a few small ones being also present on the front of the neck and about the mouth and chin. The lower eyelids were also involved, the lesions there looking like milium at first sight, but the upper eyelids were free. There were also a few on the back and faint traces on the arms.

On April 28th, 1905, I sharp-spooned under an anæsthetic. I found the growths were exceedingly tough, and did not shell out readily, as one might have expected *à priori*. The result was that there was an improvement of the parts scraped, but on December 18th,

1905, when a note was made, there were still a few small growths about the upper part of the chest, over the left clavicle, and on the right lower eyelid, the right one, however, being free.

The opportunity was taken of securing material for histological examination, the sections showing the characteristic appearances which have now been described by a good many observers. It is not necessary to go over the same ground again, so I will confine my remarks to one or two points.

Although sections were not cut in series, yet an examination of them, from a topographical point of view, appeared to me to confirm Gassmann's assertion as a result of his examination of serial sections, that the origin of the growths was epithelial.

The cysts lie mainly in the upper part of the derm (*pars reticularis*), and there I agree with Gassmann, but I disagree with him when he excludes the possibility of the cysts arising from sweat-coils on the ground that there exists an area free from cysts between the layer mentioned and the position of the sweat-coils. It appeared to me that the sweat apparatus played a distinct part in the cyst-production. It must be remembered that embryologically the epithelial downgrowths that are to form the sweat-structures lie at first under the epidermis. In sections from the intact portions of skin of a full-term stillborn infant with congenital absence of skin involving the hands, legs, and feet, kindly given to me by Dr. Emanuel, of Birmingham (*vide Reports of the Society for the Study of Disease in Children*, vol. vi, 1906, p. 157), I found close under the epidermis clumps of cells, sweat-gland coils in section, which, apart from the non-formation of cysts, might well be imagined to be the origin of cysts such as those found in the *nævi cystepitheliomatosi* case I am now considering. The appearances in Emanuel's sections confirmed me in the opinion I had arrived at that the cysts were of embryonic origin, and developed from the snaring off of early-developing coils, as Unna puts it. But there were also cystic formations on the level of sweat-coils, which in my case were perhaps somewhat more superficially placed than usual. The cysts may, therefore, possibly be formed from portions snared off and also from coils that have been ill-developed, and which have preserved a more or less "infantile" or early developmental position.

I would also call attention to the fact that some of the appearances

in my sections are reminiscent of what is shown in Unna's "Sections of Nævi" (see especially Tafel, xxvii, Fig. 115, Heft 5, *Histopath. Atlas*).

In one section a cyst was apparently the continuation of a down-growth from the epidermis. I say apparently, for there was a hiatus between the two. Moreover, the downgrowth, which was gut-like, looked like a sweat-duct, except that it did not correspond to the usual position of such ducts at the junction with the epidermis, but was heterotopic in this respect.

Some preparations showed cysts close under the epidermis, apparently directly in the track of the sweat-ducts. Again, in the course of a sweat-duct there was a distinct dilatation, giving a clubbed appearance.

As to the cysts themselves, they were lined, onion-like, by layers of more or less flattened cells, which towards the centre were noted by me to be swollen—"ballooned" one might say—the central parts of the cyst being occupied by a colloid-like material.

Solid strands and clubbed, or knob-like, structures were also observed. In one "knob" the ballooning of the cells could be well seen, no doubt on the way to cyst-formation and colloid degeneration, for in a pear-shaped structure what appeared to be one of these cells greatly swollen was undergoing a colloid-like change. By employing the term "ballooning," I do not mean to imply that it is the same kind of thing as that observed by Unna in *Herpes zoster*.

With regard to the pear-shaped knob just referred to, it might be supposed to have been an outgrowth, possibly from a sweat-duct. But as to this, and, indeed, as regards the cysts also, it would be necessary, not only to cut serial vertical sections, but also horizontal ones, to get a more correct knowledge of the architecture of the growths.

I do not propose to examine critically all that has been written on the subject, but merely to survey in as few words as possible the evolution and present position. Before doing so, however, I may say that the growths, as far as I could see, were not of vascular or lymphatic origin.

Kaposi considered the lymphatics were at fault, hence his name *Lymphangioma tuberosum multiplex*. Jarisch, on the other hand, incriminated the vessels—*Hæmangio-endothelioma tuberosum*.

Although there are still observers who adhere to the endothelial view, the epithelial idea as to the origin has gained ground and appears to hold the field. It is needless to mention all the names that have been bestowed on the disease. Darier, who with Jacquet worked at the subject (see Darier's excellent contributions in *La Pratique Dermatologique*), originally held that the growths arose from the sweat-ducts, Jacquet, on the other hand, being of opinion they developed from erratic epithelial *débris*. But now Darier is of opinion that the view of Unna and Török (and of Philippson and Quinquaud, I take it), viz. that they originate from embryonic structures related to sweat-glands, is the most plausible.

As far as I am concerned, I may summarise my conclusions as follows: The cystic growths may be imagined as developing, sooner or later in the life of the individual, from embryonic epithelial structures either cut off from, or connected with, the epidermis, and probably connected with aborted sweat-glands and sweat-ducts. For this reason the name of Nævi cystepitheliomatosi is perhaps the most appropriate, using the word "nævus," of course, in its widest sense, and not with the limitations it usually carries with it in this country among medical men generally. The word "epithelioma," too, is not used in the malignant sense; it is a benign epithelial growth, although Hallopeau and Darier have recorded a case complicated by a malignant epithelioma in the ordinary sense. But Török does not consider the diagnosis in that case was absolutely certain. Darier would have been little likely, however, to make an error. In any case the complication must be exceptional.

The disease, therefore, comes into the category of malformations, and possibly a thorough examination of cases, where that were possible, or following them up for many years, might reveal other developmental anomalies, may be, of the viscera, a view which has been ably insisted on by Howell Evans in connection with some congenital cutaneous conditions other than the one under present review. In the case I have described a *superficial* examination at any rate did not reveal anything obviously abnormal, but this would not mean anything as regards Evans's position.

Further, the embryonic structures I have mentioned may remain for years before the growths become obvious. In my case the latter are stated to have commenced at the age of sixteen. That degenera-

tion was in actual progress and cysts in process of formation was demonstrated by my preparations.

The clinical appearances of the growths, viz. their tendency to correspond to transverse lines of the body, the long axis of the elongated oval lesions being in this direction, was in favour of a metameric origin.

An endeavour will be made to follow up this case, not only to note ultimate result of curetting, but also to see if any fresh growths are making their appearance since the case was operated on.

It remains for me to express my thanks to Dr. Radcliffe-Crocker and to append some general bibliographical references that may be useful to others.

## REFERENCES.

1. DARIER.—*La Pratique Dermatologique*, vol. i, p. 290 ("Hidradénomes éruptifs").
2. UNNA's *Histopathology* (Norman Walker's translation), p. 1117.
3. JARISCH's *Hautkrankheiten*.
4. KAPOSI-BESNIER.—*Maladies de la Peau*, vol. ii, p. 365.
5. GASSMANN.—"Nævi cystepitheliomatosi disseminati" ("Hidradénomes," Jacquet and Darier), *Arch. f. dermat. u. Syph.*, vol. lviii, 1901.
6. QUINQUAUD.—"Note sur le Cellulome épithélial éruptif," *Congrès de Derm.*, Paris, 1889, p. 412.
7. TÖRÖK.—"Syringom," *Handb. der Hautkrankheiten*, 3<sup>te</sup> Abtheil, 1901, p. 475.
8. See also *Trans. Int. Cong. Derm. Berlin*, 1904, vol. ii, in discussion on treatment of epithelioma: DARIER, p. 341; RONA, p. 362.
- 9.—A number of references will be found in RADCLIFFE-CROCKER's 3rd edition, 1903, vol. ii, p. 914.

## SOCIETY INTELLIGENCE.

## THE DERMATOLOGICAL SOCIETY OF LONDON.

AN ordinary meeting of this Society was held at 11, Chandos Street, Cavendish Square, on Wednesday, February 13th, 1907, at 5.15 p.m., Dr. J. J. PRINGLE in the chair.

The following cases were brought forward :

Dr. H. G. ADAMSON showed a case of *Granulosis rubra nasi*. The patient was a girl aged 9 years. Redness and sweating of the nose

had been noticed for some two or three years. The lobe and the alæ of the nose—that is, the parts corresponding to the cartilaginous portion—were of a bluish-red colour, cold to the touch, and covered with beads of sweat. The area of redness and sweating were sharply limited, and did not extend beyond these parts. On wiping off the sweat and examining with a lens, the redness was seen to be due to a number of minute telangiectatic patches. At the centre of some of the patches there were tiny, reddish-brown papules, and there were a few papules visible to the naked eye—pin-head sized and larger—upon the lobe of the nose. The sweating was continuous, but more marked sometimes than at others. The child was thin and seemed in poor health, and the hands and feet were blue and cold.

Dr. W. T. FREEMAN showed a case of *chronic œdema of the upper lip*, which had persisted for 3 years. The patient was a girl, aged 21 years, and she had been under his care at the Royal Berkshire Hospital for about three months. There was no history of recurring erysipelalous attacks, and the cavities of the throat and nose were examined with negative results. The teeth were in fair condition and the gums showed no septic affection, but were reddened where in contact with the lip. No staphylococcic invasion was made out, and no examination of the serum had been made for streptococci.

The treatment adopted so far had been mercurial inunctions, and a thymol and borax mouth-wash. Latterly thiosinamine injections had been given. This treatment was very painful, but she submitted to it on account of the apparent benefit.

Dr. ADAMSON suggested warm boracic fomentations frequently changed.

Dr. GRAHAM LITTLE showed a case of *acute miliary Lupus vulgaris* in a boy, aged 16 years, who gave the following history: At the age of 8 years he fell off a swing, and sustained an injury on the front of the nose, which left a permanent scar. Last August he was taken to the seaside, and was much sunburnt, his skin peeling freely in consequence. It was noted on his return that he had "spots" on the nose, the sides of the cheek and forehead, the worst of these occupying the position of the scar on the nose. When seen for the first time at St. Mary's Hospital a fortnight ago, he had a number of small, deep-seated lupus nodules, showing the typical buff colour on pressure with

a glass slide, and distributed upon the nose, the cheek, and the forehead. In the centre of the nose there was an infiltrated small patch of *Lupus vulgaris*, and a similar infiltration of the sides of the left nostril. There were, in addition, some deep-red nodules the size of a small pea, and considered tuberculous, on the chin and forehead. These had also come since August last. The boy was thin, small, and delicate-looking. Upon examination of his chest suspicious moist signs were detected at the right apex, but there was no expectoration. The family history was negative; both parents were living and well, and there were ten children, all living and in good health. The opsonic index had been estimated by Sir A. E. Wright and pronounced to be normal (one examination only). The extreme rapidity and the dissemination of the lupus, together with the history of an acute onset after sunburn, were points of great interest and peculiarity in this case. The lesions were confined to the face.

Dr. RADCLIFFE-CROCKER had had a personal experience of a man, apparently in perfect health, who had developed an acute attack of leprosy after sun-burn in Africa.

Dr. WHITFIELD remarked on the extraordinary nature of the history, and was inclined to connect the outbreak on the skin with the existence of probable phthisis.

Dr. J. M. H. MACLEOD showed (1) a case of *Granuloma pudendi tropicum*. The patient, a private in the R.A.M.C., aged 22 years, was under the care of Colonel Lambkin, at the military hospital in Rochester Row, and the exhibitor was indebted for his kind permission to show the case. He was sent to the Skin-department at Charing Cross Hospital in October, 1906, for advice regarding the possibility of improving the condition by means of X-rays. The patient had had nine years' service, and had been in South Africa and India. He was a robust man of medium height. In 1902 he had syphilis, for which he was treated. In 1903 he went to India, and six months later the granuloma began around the anus. This gradually increased so that in 1905 he was invalided home, and has been under close observation and treatment at Rochester Row since then.

The condition at the time when he was first seen at Charing Cross Hospital was as follows: Occupying the perianal region, from the coccyx behind to the scrotum in front, and extending out about two inches on each side, there was a roughly diamond-shaped, ulcerating



patch. The characteristic granulomatous masses were situated chiefly at the periphery of the patch, and consisted of coarse papillomatous lesions, raised about a quarter of an inch above the level of the surrounding skin, and irregularly broken up by deep fissures, from which oozed a glairy discharge. The surface of the lesions was pinkish, and had a waxy appearance from being constantly moist from the discharge. Towards the anus the papillomatous patches had broken down, to form unhealthy-looking ulcerations, the floor of which was covered with degenerating tissue, and gave origin to a highly fetid, watery discharge, which was here and there tinged with blood. Though the orifice of the anus was involved, the lesion did not encroach upon the mucous membrane, and there was no incontinence of fæces.

When the patient first came under treatment for the condition, it was thought that it was possibly a tertiary syphilitic lesion, which had become hypertrophic and condylomatous from the secondary inoculation of some septic micro-organism. This view was corroborated by the finding of the *Spirochæta pallida* in the discharge. The patient was consequently put on active anti-syphilitic treatment. He was given large doses of iodide of potassium and iodipin, and injections of mercurial cream and calomel, but with no distinct benefit. Various local applications were also tried, in the nature of antiseptics, caustics, etc., with negative results. On this account it was considered that although the possibility of an original syphilitic basis could not be definitely excluded, still, it seemed improbable, and that the disease corresponded more closely to the condition which has been described as ulcerative granuloma of the pudendum, which exists in various parts of the tropics. Dr. Daniels, of the London School of Tropical Medicine, who has had considerable experience of this affection in British Guiana and elsewhere in the tropics, on seeing the case recently with the exhibitor, stated that he considered it to be the same condition as that originally described by Conyers and himself in 1896, entitled "The Lupoid Form of the so-called Groin Ulceration," of this colony (*Brit. Guiana Med. Ann.*).

The patient has been under X-ray treatment since the end of October, and has had fifteen exposures, at intervals of a week, to small doses of the rays. As a result, the lesion has become about half an inch smaller at the sides, the papillomatous lesions have

shrunk to about half their original size, except near the scrotum, where the irradiation has been less powerful, and the ulceration has dried up considerably. A piece of the tissue at the edge of the patch was excised for histological examination, and showed a hypertrophy of the epidermis and a cellular infiltration in the corium, which was fibromatous in character, and had evidently been taken from a portion of the lesion which was tending to cicatrise. It is hoped that a detailed account of the case will be published in a future issue of this journal.

(2) Case of *Urticaria pigmentosa*. The patient was a well-nourished little girl, aged 2 years and 4 months. The skin-affection had begun when she was three months old. She was the younger of two children, the other having a healthy skin, and there was no history of a similar affection in the parents. The child herself was healthy, her digestion being excellent, and there was no suggestion of liver disturbance or malassimilation of food, with consequent formation of toxins, or other general derangement which might be connected with her skin condition. The eruption consisted of the typical lesions of *Urticaria pigmentosa*, and was of the mixed type, presenting both macular and nodular lesions. The macules, or patches, varied in size from a split-pea to about an inch in diameter. The majority of them were oval in shape, the long axis tending to be horizontal; a few were irregular in outline, and even angular. They were yellowish-brown in colour, with the exception of new lesions, which were pinkish and slightly inflamed. In the centre of several of the patches there were raised oval nodules, which were of medium firmness in consistence, yellowish-pink in colour, and from a quarter to half an inch in the long diameter. On the right shoulder there was a patch, with three such nodules in the centre of it, which had evidently resulted from the coalescence of three lesions. In the centre of several patches there was a small scab, which was the remains of a bulla which had preceded the pigmented patch. The mother stated that a certain number of the lesions began as "blisters with water in them," while others appeared first as a red, itchy spot, or patch. The earliest signs of the eruption occurred over the right scapula. Lesions next developed on the neck and trunk. At the time of exhibition the eruption was most marked on the upper part of the trunk, the limbs being exempt from it. Nodular lesions were present on the scalp,

one being in the middle of the vertex, and two in the left frontal region. Associated with the eruption there was slight, factitious urticaria. The chief point of interest in the case was the fact that certain of the lesions had begun as small bullæ—a mode of onset that has been rarely noted.

(3) A case of *annular Lichen planus* in a man, aged 38 years. The patient was an engineer, and of a distinctly neurotic temperament. His eruption was present on both legs, being symmetrically distributed on the outer aspect of the legs, from the knee to the calf. It began nine months before he was seen by the exhibitor. On examination the chief feature of the eruption was the presence of a number of rings of about the diameter of a florin, and formed by a red band a quarter of an inch in breadth, enclosing an area of apparently healthy skin. The lesions were roughly circular in shape. The border was pinkish in colour, slightly depressed below the level of the surrounding skin, and had a wrinkled, atrophic appearance, with numerous fine striæ over its surface. On the left leg there were two complete rings, which were fully developed, several incomplete rings, and faint, brownish-stained patches where lesions had involuted. On the right leg there was only one complete ring, and a solid patch about the size of a shilling, with a shiny, pink surface and adherent scales towards the edge. There were no definite *Lichen planus* papules, but on the right calf a number of the pilo-sebaceous follicles were prominent, some presenting small, horny plugs, and being surrounded by a pink or brown areola. According to the statement of the patient the annular lesions first appeared as rings, and did not begin as solid patches, subsequently becoming clear in the centre, nor were they formed by the coalescing of a number of small lesions so as to form a circle. The patient also stated that new lesions appeared whenever he knocked himself on the legs—which he was liable to do at his work—and that these developed at the site of the injury. In the mouth there were several small, whitish papules, especially localised on the inside of the left cheek, which were regarded to be lesions of the same disease, though they did not present all the familiar characteristics of *Lichen planus* of the buccal mucosa.

(4) Case of *Lichen planus et pilaris* in a little girl, aged 8 years.

The case was of special interest, first, on account of the age of the patient, and, second, because the plane lesions were associated with spiny lesions, arranged singly or in well-defined groups. The patient was a delicate-looking, badly-nourished child with a sallow complexion, but with no definite stigmata of tuberculosis or hereditary syphilis. A clear history of the onset of the eruption was not obtained, the mother being uncertain both regarding the situation and time of onset. What first drew the attention of the child to it was itching of the skin, which she had noticed several months previous to when she was first seen by the exhibitor at the Victoria Hospital for Children. At the time of examination the following lesions were present: Irregularly scattered over the back there were numerous flat, shiny lesions, which were angular in shape, of a faint brownish-pink colour, scarcely distinguishable from the colour of the surrounding skin, and varying in size from a pin's head to a hempseed. Associated with these there were lesions about the size of a split-pea, which were redder in tinge, and definitely raised and scaly. Some of these were circular in outline, while others were irregular, being formed by the coalescing of a number of smaller lesions.

On the lower part of the neck and upper part of the back spiny lesions were present. These consisted of horny plugs protruding from the pilo-sebaceous follicles, the affected follicles being prominent as in "goose skin;" some of these spiny follicles were the colour of the skin, while others were surrounded by a pink, inflammatory halo. These follicular lesions were either irregularly scattered or grouped. Here and there they formed definite patches of "Lichen pilaris," irregular in outline, the largest being about three quarters of an inch in its longest diameter. In these patches the spines were exceptionally hard, so that the surface felt like a nutmeg-grater. In the inguinal regions there were several brownish-red striæ and irregular, flat papules, with a smooth and shiny surface, and various other characteristics of Lichen planus. These were intensely itchy and became lichenified from rubbing. There were no typical lesions in the mucous membrane of the mouth. The association of Lichen pilaris or spinulosus with typical Lichen planus is not infrequently met with in adults, but is so rare in children as to have given rise to the view that there may possibly be a form of Lichen spinulosus which

is different from Lichen plano-pilaris of the adult. Adamson, in his paper on the subject of "Lichen pilaris, seu Spinulosus" (*Brit. Journ. of Derm.*, 1905, xvii, p. 99) concludes that there is "an affection of the skin occurring in children, chiefly in boys, which is characterised by the appearance of fine, filiform spines arranged in groups, more or less symmetrically, distributed over the trunk and limbs. They are unaccompanied by itching or other subjective symptoms, and there is little or no disturbance of general health. . . . The purely spinous cases of children are without the subjective sensation of itching, while the cases associated with Lichen planus do usually present the symptom." This question is still *sub-judice*, and possibly the difference between the typical cases of Lichen spinulosus in children (Acné cornée of Leloir and Vidal), and the cases associated with Lichen planus and with definite subjective symptoms may be more one of degree than of kind; on the other hand, certain observers consider Lichen spinulosus in children to be an independent affection.

Dr. H. RADCLIFFE-CROCKER showed a *Case for diagnosis*, which will be fully reported in a later issue.

Dr. SEQUEIRA showed a young man suffering from *Xanthoma* and submitted the following note: "The patient is aged 24 years, and is employed as a gardener. He has enjoyed good health. The eruption began on the hands eight months ago. It consists of a number of small, flat, yellowish tumours,  $\frac{1}{16}$  to  $\frac{1}{8}$  inch in diameter. They are arranged in lines and in groups. The lines are on the fingers and palms and front of the wrists. They follow the folds at the flexures of the digits, and have a less regular arrangement on the palms, but, as a rule, tend to follow the skin folds. On the knuckles of the digits there are small groups of large tumours, some as large as a pea, also of a yellowish tint. A group is present on each elbow and on each knee, and there are a few isolated flat tumours on the dorsum of each foot. There is no irritation or abnormal sensation in the tumours. The urine is free from sugar and bile salts and pigment. There is no history of jaundice or other liver disease. The patient is the only member of his family who has had any skin affection. It is proposed to treat the tumours with the X-rays."

Dr. WHITFIELD showed a microscopical specimen from an *impure culture of the bottle bacillus*. The original culture was obtained when attempting to cultivate the micro-bacillus of Sabouraud, using the acid peptone agar recommended by him. On inoculating a scale on the medium a mixed growth was obtained in three days, and in one part of it a rather prominent chalky colony was observed. This was removed for examination, and, unfortunately, the whole growth had come away as a coherent mass. On microscopic examination it was found to be a culture of the bottle bacillus, contaminated with a large amount of the micro-bacillus, and a small amount of the staphylococcus. The tube from which the growth was obtained was carefully re-inoculated and plated, but the culture failed to grow again. The specimen showed numerous single and double elements of the bottle bacillus, many being in a stage of active budding. There were also large, dense masses formed of aggregations of the characteristic yeast-like forms, some of the elements being very large, and showing a centre taking the stain only lightly, while the smaller ones were darkly stained throughout. Dr. Whitfield said that he showed the culture as he was under the impression that it had never been grown before, and it was therefore of great interest, although it had not been obtained in the pure state. He had studied Sabouraud's article on the subject, and had carefully considered the possibility of the organism's being that which Sabouraud had grown, and which resembled, but was not identical with, the bottle bacillus. He had come to the conclusion that this was obviously the genuine bottle bacillus.

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#### DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND.

A MEETING of this Society was held on Wednesday, January 23rd, 1907, Dr. LESLIE ROBERTS, President, in the chair.

The following cases were exhibited :

Mr. G. W. DAWSON exhibited (1) a case of *acute Lichen planus* in a woman, aged 30 years. The eruption, which consisted of numerous, minute, flat papules, covered the entire body and limbs, the face escaping, and appeared suddenly after a severe chill during the hot weather last August. The itching and constitutional disturbance were severe.

(2) A specimen of *knotted hair*, taken from the head of a man

suffering from Alopecia areata. The latter affected the greater part of the scalp, leaving patches of lank, straight hair, with no tendency whatever to curl. Some of the follicles from which the hair had fallen were dilated, and filled with a sebaceous plug. On several of the hairs nodes were noticed, and a sharp, angular alteration of the direction of the hair at the site of the node. On microscopic examination this was found to be a single true knot. Mr. Dawson considered the anomalous condition difficult to account for, unless the knotting took place before the hair emerged from the follicle. The condition was described many years ago, and an excellent picture of it is figured in Ziemssen's *Atlas*.

Dr. ALFRED EDDOWES showed a case, in a young, unmarried woman, of *Acrodermatitis hiemalis*, which, he said, appeared to answer pretty closely to those cases described by Dr. Crocker under that name. It differed chiefly in two points: (1) That the thorn-like nodules which formed on the cyanosed hands commenced always in the corium, and slowly reached the epidermis, penetrated it, and left a scar similar to that of folliclis. (2) He had never noticed, nor had the patient seen, during the nine winters she had suffered, any obvious suppuration, until one of the nodules began to suppurate a day or two before this meeting. There was a history of tuberculosis amongst her relatives, though not in her own family. The patient showed a swelling in one knee, which was probably tubercular.

Dr. WILFRID WARDE pointed out the similarity of this condition to folliclis (Barthélemy).

Mr. T. J. P. HARTIGAN considered that the case corresponded more to what Mr. Hutchinson had described as "chilblain-lupus."

The PRESIDENT remarked that if the lesions really began below the skin it was entitled to be classed among the scrofulodermata.

Dr. ALFRED EDDOWES showed a microscopic preparation of diplococci of Demme and Dähnhardt, taken from his case of *Pemphigus vulgaris* shown at the last meeting. He referred to it briefly, as a full report of the bacteriological examination had already appeared in this journal (January number).

Dr. J. H. STOWERS exhibited a boy, aged 9 years, who was stated to have been stung by a gnat in August, 1906, on the right cheek, level with, and one and a quarter inch from the angle of the mouth.

Much local irritation resulted for many days, and subsequently a nodular swelling occurred, having some of the characters of a cyst, but the diagnosis was uncertain, as appearances suggestive of Tuberculosis cutis were present.

Various diagnoses were made by the members, including that of an infective follicular cyst, but no one present was satisfied as to its tuberculous nature.

Since the case was shown the tumour has been incised, disclosing a degenerating blood-cyst with semi-fluid grumous contents.—J. H. S.

Dr. C. H. THOMPSON showed (for Dr. Graham Little) a *case for diagnosis* in a woman, aged 33 years, who had never had any skin trouble until three weeks ago, when she noticed a number of red spots on her arms and legs, and soon afterwards all over the body, excepting the face. The eruption was very itchy and slightly scaly. She was seen on January 14th, and she then had a uniform eruption, consisting of closely set, dark-red papules, from a hemp-seed to a split-pea in size, and slightly scaly. In front of the wrists, and at the bend of the elbows and knees, instead of papules were seen thickened, red patches, which were cracked and slightly exuding. The eruption faded a good deal in a week, and fine desquamation was free. She has felt quite well, excepting for the intense itching. She had taken no drugs, except an occasional dose of liquorice powder.

It was generally felt that the condition was due to some severe constitutional infection, but there were those who favoured the diagnoses of Lichen planus, Dermatitis exfoliativa, or a drug eruption.

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## NOTES ON THE MEETINGS OF THE DERMATOLOGICAL SOCIETY OF LONDON FROM 1882 TO 1894.

By T. COLCOTT FOX, M.B., F.R.C.P.

THE first meeting of the Dermatological Society of London was held on July 12th, 1882, in the Medical Society's Rooms\* at 11, Chandos Street. It was not till 1894, however, that the proceedings of the Dermatological Society were published. The following brief notes of the meetings of the Society between 1882 and 1894, though admittedly imperfect, will serve to show the wealth of clinical material

\* It is of interest to remember that it was to the Medical Society that the illustrious Robert Willan expounded his views on dermatology.



exhibited during that period, and cannot fail to be both of practical and historical value to all interested in cutaneous medicine and its development in this country. This Society was one of the first which was established exclusively for the study of skin-diseases—a fact which is not generally known, owing to the informal nature of its meetings. Its inception was due to the late Dr. Alfred Sangster and Dr. J. Herbert Stowers, who became the first secretaries. This Society met a distinct want, since for some time previously there had been a desire on the part of the various teachers of the special skin-departments in the London hospitals to have an opportunity of exchanging their views on cases of difficulty, and of securing, as far as possible, uniformity of nomenclature and teaching.

The meetings of the Society have been conducted as informally as possible, there being no president, but a chairman elected at each meeting. In this way they have been distinguished throughout by the most friendly discussions on the cases exhibited, to which every one of the members must look back with pleasure and gratitude.

I have been induced to publish these notes at the request of a large number of my dermatological colleagues.

The original members of the Society, whose number was twenty-three, consisted of the following: Sir Erasmus Wilson, Dr. Buchanan Baxter, Dr. John Cavafy, Dr. Stephen Mackenzie, Dr. George Thin, Mr. Marrant Baker, Dr. T. Colcott Fox, Dr. Allchin, Dr. J. S. Bristowe, Dr. W. B. Cheadle, Dr. Radcliffe-Crocker, Dr. Dyce Duckworth, Dr. A. B. Duffin, Dr. C. Hilton Fagge, Mr. Jonathan Hutchinson, Dr. Robert Liveing, Mr. Malcolm Morris, Dr. J. F. Payne, Dr. P. H. Pye-Smith, Mr. Waren Tay, Dr. Frederick Taylor, Dr. Alfred Sangster, and Dr. J. Herbert Stowers.

#### FIRST MEETING, JULY 12TH, 1882.

#### CHAIRMAN, DR. E. BUCHANAN BAXTER.

Mr. J. HUTCHINSON. *Tuberculated leprosy* of ten years' duration, now quiescent, in a man (R—), aged 35 years, who otherwise enjoys good health. Father English, mother Portuguese; no leprosy known in family. Born in India, educated in England; returned to India at eighteen years, and lived in various parts of Bengal Presidency. Brown spots appeared on forehead and body at twenty-five; leprosy

diagnosed two or three years later. Voice and face very characteristic; whole skin deeply pigmented, but no nodules; lobes of ears and *alæ nasi* infiltrated. Ulnar and peroneal nerves thickened, but no very definite anæsthesia, and no muscular paralysis; nails cracking. Has always eaten river fish when he could get it, and that has been easily, as a rule. Generally avoided tank or pond fish, and never eats potted prawns.

Dr. STEPHEN MACKENZIE. (1) *Squamous palmar syphilide* (one palm) in a young man, with *chronic œdema* of the back of the same hand. Scars on the tongue. Dr. Mackenzie mentioned a second similar case. The cause of the œdema was thought to be possibly some deeply placed, enlarged, lymphatic axillary gland, obstructing a vein or lymphatics. (Subsequent history not known.)

(2) *Tar acne*. A number of tumours simulating *Molluscum contagiosum*, on the face and arms, and many scars. The lesions have a central punctum. Some are of large size and necrosing. All the follicles of the scalp, arms, and hands have black plugs. No true acne spots present. Lesions coming and going for some few years. He has worked with coal distillates for many years, several before the lesions appeared. Some other workmen examined and found to be similarly affected. In this case, and in a relative similarly affected, epithelioma developed on the face.

Mr. MORRANT BAKER. (1) *Acne varioliformis*. A man with this eruption extending from the forehead to the hairy scalp. No clue to syphilis.

(2) *Acne, peculiar phase of, in a youth* ("Sago-grain lichen.") Duration ten months. Tiny deep red, extremely close set, discrete papules, involving the whole face except the eyelids, some slightly pustulating; linear scars as if scratched. ? The "*Lupus acneiformis*" of Tilbury Fox.

Dr. COLCOTT FOX. *Seborrhœa* of the limbs. A man, aged about 40 years, with a round, macular, erythematous patch, the size of the palm of the hand, on each upper arm and one thigh. The patches had existed for some years, were not ringed, hardly raised, and slightly desquamating.

Dr. RADCLIFFE-CROCKER. (1) *Lichen planus* in a girl (G. A—), aged 5½ years. The eruption has been present at least one or two years. She had some eruption in infancy, but the mother could not describe

it sufficiently for recognition. The present eruption is situated on the right groin, and extending for about five inches down the thigh, much of it in vertical lines; on the left labium, outside and inside, running back on the perineum almost to the anus. The papules have the typical features on the skin, but there are no large patches. On the mucous membrane of the labium there is a patch about one-third of an inch in breadth, raised, and with the surface white, and similar to the eruption as usually present in the mouth; a few white specks are also visible further in on the vulvar mucosa. Some small patches, but less typical, are present on the under side of the right leg below the knee; there is a pigmented spot in the corresponding position on the left side, a small patch on the right thumb, and a few papules on the outer border of the left forearm. There is no eruption in the mouth. The child is healthy, with bright ruddy complexion.

(2) *Morphœa and Lupus erythematosus* in a woman, aged 38 years. *Lupus erythematosus* of the face and scalp had existed for ten years, but the patches had nearly subsided. She has noticed the white patches of morphœa about seven months, and they have slowly increased in size. All the patches are on the right leg. Three patches, a finger-tip in size, on the lower third of right thigh, rather to the inner side; another below them lying transversely,  $1\frac{1}{2}$  inch by 1 inch, with a faint violet zone round; and another below the knee just above the calf at the back of the leg,  $1\frac{1}{2}$  inch by  $\frac{3}{4}$  inch. Lower down is another over the tibia, like a yellow discolouration, not well-defined; and still lower is a large, cicatricial-looking patch, lacking the typical morphœa aspect, but, without doubt, of the same nature. There was a strong suspicion of post-marital syphilis, but no present symptoms.

Dr. PYE-SMITH. *Acne varioliformis*, very extensive, of forehead (invading the scalp), nose, chest, and back of a man. Pustular acnei-form eruption, leaving cribriform pits of various depths, some very deep. No syphilitic history.

*Note.*—He improved subsequently under potass. iodidi and hydrarg. bichlor.

Dr. ALFRED SANGSTER. (1) *Morphœa* in a woman, aged 45 years. There were typical patches between the shoulders (ten or eleven years' duration), on the left leg (four years), on the left thigh (three years), on the right leg (twelve months), and on the right arm (within six months). The patch between the shoulders appeared "as if

burnt with a hot iron," and now is a diffuse, considerably elevated (about  $\frac{1}{2}$  inch), mottled, buff-coloured, brawny lesion, with bluish capillaries coursing over it, extending diagonally between the spine and posterior margin of the right scapula.

(2) *Vesicating erythema* (?) *Hydroa* of Bazin (?) *Pemphigus pruriginosus* (?). Patient was aged 15 years, had a sore on penis about a year before coming under observation, and now presents an old bubo mark in the groin. A brother had rheumatism. Over the trunk (front and back) and extremities a pale-red, serpiginous, slightly raised eruption, the margins vesicating and crusting; very symmetrical over the chest and epigastrium, more scattered and broken up on the back and thighs; a few scattered vesicating and crusting blotches on the face. Interspersed between the lesions described, especially on the extremities, are many scratched papules, and other evidences of mechanical effects of scratching. The above-described serpiginous, confluent eruption of the trunk rapidly faded under expectant treatment, the margins continuing to show slight signs of vesication for some time. The disease has, however, continued to relapse over a period of six months, during which time it has changed its type, and now presents diffusely scattered, isolated, pea-sized bullæ, reddened vesicating patches, papules, and many multiform scratch-lesions. (See also Jan. 14th, 1885.)

Dr. STOWERS. (1) *Greenish iridescent hair* in a carpenter, who was looking and feeling ill with vertigo and obscure cerebral symptoms. He used neither copper preparations, varnishes, nor staining fluids, nor could lead-poisoning be established. The use of a "magnetic" brush was suggested as the cause.

(2) *Acne varioliformis* of the forehead involving the adjacent scalp in a man. Two very big scars on the back and a few deep, cribriform pits on the chest. (See also November 8th, 1882, and February 14th, 1883.)

Dr. GEORGE THIN. (1) *Bacillus lepræ*, microscopical specimens of.

(2) *Trichophyton tonsurans fungus*, a specimen of, artificially cultivated.

Dr. DUCKWORTH. *Symmetrical generalised Herpes zoster*. A coloured drawing of the eruption. (This case would probably now be classed as a case of *Dermatitis herpetiformis*.)

*Note*.—Compare the portraits in Colombini's case referred to (*Brit. Journ. Derm.*, vol. 7, 1893, p. 315).—T. C. F.

Dr. STOWERS. *Acne varioliformis*, a drawing representing a second case of. (See also February 14th 1883.)

SECOND MEETING, OCTOBER 11TH, 1882.

CHAIRMAN, Dr. CAVAFY.

Dr. JOHN CAVAFY. *Morphœa* in a girl, aged 11 years (M. W—). In November, 1881, a round patch of white, hard skin was first noticed over the left malar bone, which gradually spread, and similar patches and stripes appeared under the chin on the left side of the forehead and scalp, and on the back. It was entirely painless, but accompanied by a sensation of tightness. Family and personal history good. *Present state*: Over the left malar bone, extending in irregular long stripes nearly to the angle of the lower jaw, and inwards to the left ala nasi, is a somewhat branched patch of white, shining, hard, and thickened skin, surrounded by hyperæmia; on the left side of the forehead, near the junction of the frontal and temporal regions, are two parallel bands of morphœa running upwards and backwards over the scalp, where the hair is completely absent. The inner of the two bands ends on the left side of the vertex, close to the middle line, in an oval, completely bald, parchment-like, pigmented patch, closely adherent to the pericranium, and slightly depressed below the surface. Under the chin, in the middle line, is an irregular, quadrate patch surrounded by numerous pin-head, white dots; over the back are small irregular transverse bands in the right interscapular and left subscapular regions, and a longer one over the left lower ribs. All these are surrounded by irregularly blotched areas of pigmentation. Recently a slight, bluish-red hardening of the skin has appeared on the right cheek, and one whitish spot on the left calf. The old patches have become softer, except those over the left cheek and under the chin.

Mr. J. HUTCHINSON. *Symmetrical gangrene of the fingers*. Cold and rather œdematous hands, with atrophy of all the terminal phalanges of a man, said to have followed a frost bite from touching a very cold iron plate one night.

Dr. R. CROCKER. (1) *Elephantiasis Græcorum* in a boy, aged 11 years (J. H—). Patient was born in Pulo Penang, of English parents, both free from disease. He afterwards lived at Singapore, and came

to England when four years old. Six months later had what was diagnosed as ague in Essex, which only lasted a week under quinine, and then leprosy developed in the shape of "spots" about the face, trunk, and limbs. In a month the arms became weak. When first seen he was seven years old, had thickening of the ulnar nerves, and consequent paralysis and anæsthesia, with great liability to bullæ on the fingers in cold weather. He got almost well, except as regards the arms, under Chaulmoogra oil in spring of 1881. The ulnar nerves were stretched, but with no effect on the paralysis. While in hospital after operation, a fresh erythematous outbreak occurred on the skin, which is now slowly improving. He has been taking 15m doses of Gurjun oil *ter die* lately.

*Note.*—The case is recorded by the exhibitor with portrait in the *Illustrated Med. News*, August 3rd and 31st, 1889.—T. C. F.

(2) *Alopecia areata associated with Tinea tonsurans* in a girl, aged 9 years. Typical Alopecia areata began in February of this year, nearly the whole of the hair coming off. From this she was recovering, though there were still some bare patches, when, at the latter end of September, in the neighbourhood of the oldest patch at the back of the head, a small, but characteristic patch of Tinea tonsurans appeared in the new hair, and another in the right temporal region. The brother is said to be suffering from ringworm of the head.

Dr. COLCOTT FOX. (1) *Peculiar chronic inflammation (? lupus)*, following tattooing of the arms with a blue pigment, in a man, aged 25 years. The patient's arms are tattooed with various devices, in three colours—vermilion, blue, and black, and wherever the blue pigment has been inserted a chronic inflammation has been excited, so that dull, coppery-coloured points and lines stand out from the general surface, and closely correspond with the original site of the blue pigment. The vermilion and black pigment present the ordinary appearances of tattooed skin. The tattooing has been performed about two years, and the usual temporary inflammation soon subsided; about a year later the present inflammation commenced. The colour of the eruption strongly suggests lupus or syphilis. The patient denies syphilis persistently, and antisypilitic remedies do not affect the eruption. He is at present, however, suffering from iritis, but presents no other signs or history of syphilis.

*Note.*—Unfortunately, the nature of the case was not investigated histologically

or experimentally. See the figures of psoriasis in Ziemssen's *Handbook of Diseases of the Skin*, London, 1885; and of inoculation lupus by Jadassohn, *Virchow's Archiv*, Bd. cxxi, 1890; and by Collings and Murray, *Brit. Med. Journ.*, June 1st, 1895. A series of cases of syphilis inoculated by tattooing is given in *Brit. Med. Journ.*, October 27th, 1888.—T. C. F.

(2) *Leucodermia* and *Alopecia areata*. The boy, aged 12 years, has universal, well marked, and fairly symmetrical leucodermia of the general surface (two years' duration), with white tufts of hair on the scalp. His sister, aged 22 years, has now *Alopecia areata* of the scalp, and has suffered from recurrences of it for seven or eight years. Two other sisters, one older and one younger, also suffer from *Alopecia areata* on and off. This case is brought forward to illustrate an argument used in favour of the possible neurotic causation of these two maladies.

*Note*.—Dr. McCall Anderson has recorded the co-existence of leucodermia and alopecia areata (*Glasgow Med. Journ.*, 1879, xl, 4, and *Treatise on Diseases of the Skin*, second edition, 1892 [three cases]). See also Hillier, *Handbook of Skin Diseases*, 1865, p. 175 (vitiligo), and J. Pincus, *Virchow's Archiv*, 1872, 433, and others.

(3) *Acne varioliformis* (? *syphilis*) in a man, aged 57 years. A miliary, pustular eruption of the forehead, extending well back into the hairy scalp, and causing slight but distinct scarring. There is not the deep pit and depressed scar usually seen in *Acne varioliformis*, but the site is very characteristic. The man confesses to a venereal sore in 1854, when in the Army, but no further evidence of syphilis is forthcoming. He has never had an eruption before the beginning of this year (1882), when the present one appeared on the forehead, and soon disappeared, to return two or three months ago.

Dr. SANGSTER. *Lupus erythematosus* of the face of about four years' duration in a middle-aged woman, who appeared to be otherwise healthy, with no family history of struma, and not subject to chilblains. The interest of the case lay chiefly in the distribution of the disease, which had spread from the parotid region on both sides on the cheeks, a considerable portion of which was involved on either side.

Dr. STOWERS. *Paget's disease of the nipple*. Patient had it some years ago in one breast, followed by a tumour, for which the organ was removed. Now there is inflammation simulating eczema in the other breast and tumour forming. *Slight scarring* is produced by the lesion. (See November 14th, 1883.)

## THIRD MEETING, NOVEMBER 8TH, 1882.

CHAIRMAN, DR. RADCLIFFE-CROCKER.

Dr. CROCKER. (1) *Lichen scrofulosus* (?) in a girl, aged 6 years (C. M—). The father and his sister have scrofulous scars on the neck, but the general health is now good, and the mother is never ill. Patient has fungating scrofuloderma of the nose, and the right wrist is now, and the left arm was formerly, the seat of scrofulous inflammation. This began on the wrist two years ago, and ever since she has been subject to a rash on the trunk, which occurs every two or three months, lasts two or three weeks, and then disappears. Now it is in the following positions: thickly on the buttocks and back below the ribs, the sides of the chest below the level of the nipple; sparsely on the lower parts of the abdomen, and very few on the front of the chest below nipples and abdomen to two inches above pubes; a very few, also, on the thighs, legs, and backs of arms, and on the neck. None on the upper part of chest, face, or scalp, flexor surface of arms, or forearms, hands, or feet. The papules range from a pin's-head to a hemp-seed; they are deep red on the buttocks, and not scaly; pale red above and slightly scaly and are arranged in groups or imperfect circles, but some are scattered promiscuously. There are no acne pustules. Her general nutrition is good, colour ruddy, eats well, and has no cough—indeed, the mother says she is the healthiest of eight, all the others being pale and thin.

(2) *Purpura hæmorrhagica* in a child, aged 2 years and 5 months. On November 3rd, without any previous symptoms, the mother noticed some purpuric spots on the right side over the lower ribs; it has got worse every day since. It was seen first on November 6th. The thighs, legs, and forearms have all become thickly covered since the morning. There is a notable extravasation in the left upper eyelid, and another under the skin of the third finger of the right palmar surface; another just commencing in the second finger. It occurs on the sides of the face, on the left more than right side; on the abdomen and thighs more than chest, on the back more than the front; not much on the buttocks or the backs of the thighs. The petechiæ vary from pin's-head to pea, and from brownish-red to bluish-black. He has not been living badly—has meat once a day and plenty of



vegetables. On the fourth day of the outbreak he seemed drowsy, and his appetite was not so good. His temperature was  $99.6^{\circ}$  in axilla,  $99.8^{\circ}$  in rectum. Was ordered Ext. ergot liq.  $\mathfrak{m}$  viij, every four hours. November 8th: hæmorrhages have occurred from nearly all the mucous membranes.

(3) *Varicella gangrænosa* in an infant, aged 7 months (S—). Distinct history of both father and mother having had syphilis three and a half years ago. The patient, from the age of five weeks, has been subject to convulsions. She is small for her age, and weak; snuffles ever since birth, but has never had any sores, blotches, or reddening of the skin until November 1st. The day before the baby was in a cot, drowsy and irritable. On November 1st a vesicular eruption appeared upon the head and spread rapidly over the body, but not very numerous on trunk. November 3rd: a black vesicle came on under side of knee, and soon a gangrenous slough formed, 1 in. by  $\frac{3}{4}$  in. Other black vesicles and sloughs continued to form on the legs and lower part of trunk. She was admitted on November 8th, with several gangrenous sores in positions named. Just above the pubes on the left side is a lesion which began on November 6th. In the centre is a small vesicle with dark contents, and round it a red areola. On the right side, lower down, is one that began November 5th (three days old) with (1) a central scab, (2) a vesicular area, and (3) a red areola. There is no evidence of syphilis, except the snuffles and facial aspect. Child improved at first with sulpho-carbolate of soda internally and iodoform externally, and there was no extension of gangrene. On November 15th the temperature rose to  $105.2^{\circ}$ , but fell to  $97.6^{\circ}$  in the evening at 7 p.m.; at 2 a.m. was  $104^{\circ}$ ; at 7 a.m. the child died quietly.

Post-mortem twenty-six hours afterwards. Right lung: upper lobe filled with small infarcts about the size of a hempseed, many softening in middle. Left lung: basic broncho-pneumonia. Liver very fatty, weighed eight ounces. Skull cap-bone above and round frontal and parietal eminences hypervascular and soft, the eminences normal, and also bone adjoining fontanelles and sutures.

(4) *Chromidrosis (Seborrhœa nigra?)* in a girl, aged 20 years (L—). Affected regions are the orbits and cheeks, flexures, and abdomen below umbilicus. (The evidence as to the genuineness of the case, etc., as reported on by Committee, is in Clinical Society's *Transactions*, vol. xv, 1882.) Two days after being shown to the Society the patient menstruated, and there was great diminution of pigment. Patient

was watched continuously for three days and nights, and the pigment slowly reappeared after removal and gradually darkened the skin in the affected regions. No possible opportunity was given for its being artificially produced, even the pubic region being searched by the sisters of the ward, and the patient being washed and put in clean bedding before watching began.

*Note.*—See paper by Colcott Fox, with portrait of the case, *Clin. Soc. Trans.*, vol. xiv, 1881; also portrait in Crocker's *Atlas*.—T. C. F.

Dr. STOWERS. *Acne varioliformis*. Case shown July 12th, 1882. Brought again to display the rapid cure by arsenic (m xv for a dose).

Mr. MORRANT BAKER. *Prurigo* in a man, aged 23 years (M. P—). Sent to exhibitor by Dr. Unna, of Hamburg, with accompanying note :

“ I am not convinced of the true prurigo diagnosis, but sent him to Professor Köbner, who thinks it a typical case, while our friend Hebra, at a visit to Hamburg, did not recognise the case as a true and simple prurigo. I am now very interested in your idea upon it and in the further progress of the disease.”

*Note.*—Mr. Baker has made a valuable contribution on Prurigo to the International Medical Congress of 1881, held in London.

Dr. COLCOTT FOX. (1) *Prurigo of Hebra* in a child, aged 2 years and 4 months. All the surface was thickly studded with characteristic, pale, shotty papules, except the central parts of the face, the forehead, and the great flexures. A few exist on the scalp, and the palms, and soles. The papules are very thickly set, the majority are excoriated, and the skin is rough and thickened. Large buboes occur in groins and armpits. The itching is intense. No moist eczema. Duration: it certainly commenced before one year of age, but the exact time cannot be ascertained. No wheals were ever observed. The general health was not very good—the child being big and bloated, and having catarrh. ? Scrofulous.

*Diagnosis.*—Certainly not Lichen urticatus, not papular eczema, and not xerodermia.

(2) *Rodent ulcer* of the side of the nose of a woman, at the junction of the cheek, with upper and lower two-thirds of the nose. A small pimple began to grow about eight or nine years ago, apparently not preceded by any mole, wart, scar, etc. It increased gradually until it was the size of a split walnut, and it is only within the last two months that any ulceration has taken place. The growth is seen to be tough and elastic, and is strongly suggestive

of keloid, but there is no puckering of the surrounding skin. It is unusual that so large a mass of new growth of rodent should exist so long without necrosis.

*Note.*—The diagnosis was confirmed microscopically.

Mr. WARREN TAY. *Bullous eruption (Cheiro-pompholyx?)* of one hand and arm in a girl. (?) Artificial pustular eruption excited by (?) paraffin.

Dr. PYE-SMITH. *Pityriasis rubra*. A very chronic case, which had been under observation, from time to time, at several hospitals, of universally red, infiltrated skin, with moderate scaling, and without weeping. Said to have begun as a weeping eczema of the ear.

A discussion arose as to whether this was to be considered as a *chronic universal eczema*, or whether all so-called *Pityriasis rubra* cases were really of this nature, as Hebra finally concluded.

Dr. CAVAFY. A coloured drawing of *Symmetrical congestive mottling* of skin in a woman, aged 21 years. The drawing represents the front of left leg and part of thigh, which are streaked and blotched with confluent, irregularly reticulated markings, of a bluish-red tint. Similar markings occur on the other leg, on both arms (chiefly extensor surfaces), backs of hands, and around the waist. The affection began on the ankles, eighteen months ago, and appears to be slowly increasing. The redness disappears completely on pressure, is not sharply circumscribed, not raised above the surface, and is unaccompanied by any abnormal sensation. The markings contrast strongly with the neighbouring healthy skin, and are always intensified by cold, but never completely absent. They disappear from arms and hands when raised, and return when they are allowed to hang down. The general health is perfect. The affection is due to passive venous congestion, and seems to be caused by a vasomotor neurosis. (See portrait in *Clin. Soc. Trans.*, vol. xvi.)

#### FOURTH MEETING, DECEMBER 13TH, 1882.

##### CHAIRMAN, DR. DYCE DUCKWORTH.

Dr. DYCE DUCKWORTH. *Morphœa* in a man (J. M—), aged 29 years, a clerk. This patient had been under observation more than ten years. The disorder began on the left side of the forehead about March, 1872 (vide *St. Bartholomew's Hospital Reports*, vols. viii and ix). A

cast of the face was taken in the summer of 1872. The patch spread upwards on to the scalp, the hairs falling out. The surface became raised, with diminished sensibility, especially on the raised portions, and total loss of sweat-function. Cod-liver oil and arsenic was prescribed. The patient has been seen at intervals. The disorder continued to spread on towards the vertex. In three years' time the patch was less obvious on the forehead, and more supple. There was a less raised and indurated surface on the scalp; it was  $5\frac{1}{2}$  inches in length, and was  $\frac{7}{8}$  of an inch in width on the scalp. The branches of the frontal vein became more visible on the affected side. Lines of depression were found at the sides of the affected strip on the scalp, as met with in Alopecia areata. In 1876 general improvement was noticed; some healthy hairs grew from the flattened portions only. The patch felt thicker than the rest of the scalp. In 1880 the involution was more marked, the skin on the forehead being soft and pliable, but depressed below the healthy surface and of slightly dusky hue. November, 1882: more favourable progress; a little ivory-coloured induration still found on scalp, but less than formerly, and there is now only a tuberos portion at the termination near the vertex. The length of the entire patch is now exactly the same as in May, 1880, measuring exactly six inches. The patient has been in fair health, but never robust, and is subject to frontal and occipital headaches. He is closely confined by sedentary occupation, has been married six years, and has a family. There is no history of rheumatism in his family beyond some uncertain symptoms in his mother.

Dr. BUCHANAN BAXTER. *Vesicating erythema of hands and feet* in a girl, aged 18 years (C—). She has suffered from the eruption during the six winter months of every year (October—March) since the age of three years. The fingers are swollen and tender, and can only be very partially flexed. The skin is diffusely reddened, and on the red parts blisters of varying size spring up and burst. Some of them leave thin, supple scars behind. The vesications are largest and most numerous on the dorsal and lateral aspects of the fingers and hands. Smaller and less prominent ones have repeatedly been found on the palmar surface likewise. Very large bullæ, full of yellowish liquid, have repeatedly been observed along the borders of the feet and on the toes. No other part of the body has suffered. This patient was shown at the Hunterian Society by Dr. Pye-Smith several years ago.

A short description of her case is given in Hutchinson's *Rare Diseases of the Skin*, p. 367. The eruption is believed to be distinct from cheiropompholyx, and to be closely allied to the vesicating rash exhibited by Mr. Waren Tay at the last meeting of the Society.

The general opinion was that the affection was a local one, a vesicating erythematous condition produced under the influence of cold.

Dr. ROBERT LIVEING. *Leprosy* (?) in a man from India. He has a large, deep-red, anæsthetic infiltration of the inner half of the left forehead, reaching up to hairy scalp, and across the middle line somewhat to the right side of the forehead, and below the eye. Eyeball apparently anæsthetic and the eyelids œdematous. On the arms and legs are coppery, infiltrated, scaly, anæsthetic, round patches, the size of a five-shilling piece. There is very questionable thickening of ulnar nerves, and not the usual wide-spread infiltration of the face seen in leprosy, and no wide-spread anæsthesia. He confesses to having contracted syphilis in 1859, and the present eruption appeared during the privations of the Afghan campaign. He is slowly improving under iodide of potassium.

Dr. STEPHEN MACKENZIE. *Case for diagnosis, persistent symmetrical erythema* (?) in a pallid woman, aged 36 years, persisting for greater part of life. On both malar bones, ears, extensor aspects of arms, especially the forearms, the hands, and on corresponding positions on the legs, is a dull, livid, erythematous, congested, chilblain-like condition in irregular patches and blotches, and on these patches are developed round, nut-sized, nodules of an erythematous nature apparently, simulating a chronic Erythema nodosum. A certain amount of this condition was permanent, but got worse every winter.

A general idea was that the affection was similar to Mr. Marrant Baker's *Urticaria tuberosa*, illustrated in *Med.-Chir. Soc. Trans.*, London, vol. xlv, 1881.

Dr. RADCLIFFE-CROCKER. *Peliosis rheumatica* in a man, aged 40 years. Extensive, partly erythematous and partly hæmorrhagic, eruption of the arms and legs, mostly on the extensor surfaces, but also on the trunk. There is some eruption on the arms, which is distinctly raised and erythematous; on the legs the lesions are more hæmorrhagic. In the afternoons, at four o'clock, he feels pricking sensations and notices spots coming out, followed by rheumatic symptoms in the joints. He has mitral disease.

Dr. COLCOTT FOX. (1) *Feigned disease (Dermatitis artefacta or Neurotic excoriations)* in a girl, aged 15½ years. Hysterical; catamenia at thirteen years, since irregular; amenorrhœa now five months. Oval vesicated areas on the breasts, hip, and shins. First appeared November 21st, 1882; three sore places on right shin, a few days later on the left shin, and one above each breast. Since then one or two have appeared irregularly every few days, viz. one on the right breast just above areola, one on right hip, and one or two on right shin—all in front of the body. On the legs the long axis of the patches was vertical, and on the breasts transverse. The size of the patches was pretty constant, viz. a little broader than the finger tips and two inches long. She was admitted to hospital on December 5th, and four patches have appeared since. Dr. Sangster said it reminded him of the case of L. F—, recorded by him in the *Lancet*, vol i, p. 909, 1882.

*Note.*—Exhibitor's case is recorded (*Lancet*, vol. ii, 1882, p. 1109). See also Footner, *Lancet*, vol. ii, 1883, and Murrell and Hebbert, *idem*; also Fox, *Illustrated Med. News*, vol. v, November 2nd, 1889, and Sangster, *Clin. Soc. Trans.*, vol. xi, p. 212, and *Trans. Intern. Med. Congress*, 1881.

(2) *Congenital pemphigus and keratosis of palms and soles.* (L—). Aged 34 years. Actually born with it, or at any rate had it in first two or three days of life, and had never been really free since. She remembered the thick palms all her life. Stated she was under Mr. de Meric at the Royal Free Hospital at four and a half years old, and at the German Hospital twelve years ago. There was no evidence of syphilis, but her father was intemperate, and believed in the family to have contracted syphilis about nine months before birth of this child. Neurotic history: Mother a lunatic, but not subject to pemphigus; aunt paralysed. The patient suffered from severe prostrating headaches every three weeks or so. Married ten years, and has children—first, living, but not healthy looking, incisors show sulciform atrophy; second, living, well, very bad teeth, but not syphilitic; third, living, aged 7½ years, strumous looking, flat nasal bridge and rhinitis, very irregular teeth, but nothing definitely syphilitic; fourth, miscarriage; fifth, with congenital pemphigus (shown). Treatment: Under the influence of increasing doses of arsenic since June, 1882, the mother has almost entirely lost her pemphigus, and the keratosis is also slowly disappearing.

*Note.*—In this same year four other cases of this condition were described  
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independently, viz. by J. F. Payne, *St. Thomas's Hospital Reports*, vol. xii, p. 187; by Wickham Legg, *St. Bartholomew's Hospital Reports*, vol. xix, 1882; and by Goldscheider, *Monatsh. f. prakt. Derm.*

(3) *Pemphigus, congenital*, in the youngest child of the above, aged 2½ years. Noticed on heels and buttocks at the third time of washing. The bullæ are of various sizes, and tend to be grouped in an annular or crescentic manner. They appear on all parts of the body—the head, in the mouth and on the tongue, on the palms and soles, etc. Treatment: Under the influence of arsenic an immense improvement has taken place; the bullæ, which were full of bloody serum and gave place to ulceration, first improved in character, and the contents became clear. Gradually the evolution of bullæ has grown less and less, and has now, after about six months' treatment, almost ceased. At the same time the rickets has immensely improved under arsenic.

*Note.*—I exhibited these cases at the Third International Congress of Dermatology in London in 1896. Bullæ were still excited by traumatism, but less intensely. (See also Dr. Wallace Beatty's paper, *Brit. Journ. Derm.*, August, 1897.) These cases would now be classed as *Epidermolysis bullosa*.—T. C. F.

Dr. STOWERS. (1) *Leucoplakia buccalis*, commencing on the mucous membrane of the cheek of a girl.

(2) *Lupus vulgaris* of the nose of a girl, scraped four years ago, brought to show permanence of cure.

Mr. MORRANT BAKER. *Acne from irritation of tar* on the forearm of an old man (a model made from a new India-rubber preparation, *vide Brit. Med. Journ.*, vol. xi, 1882). The follicles were inflamed and distended with secretion, simulating in some degree *Molluscum contagiosum*, and were covered with a blackish crust. The man was admitted to St. Bartholomew's Hospital, under the care of Mr. Walsham, on account of epithelial cancer of the scrotum.

Dr. SANGSTER. *Linear atrophy of skin of back* in a man, aged 18 years (T. B—). The patient's father is known to have severe arthritic gout. The paternal grandfather is said to have suffered from the same affection. Patient has had repeated attacks of rheumatic fever, and was in Charing Cross Hospital, recovering from the last attack, when the "linear atrophy" was accidentally discovered. Symmetrically arranged on either side of the spinal groove, extending from the angle of scapula to the loins, there were numerous atrophic lines presenting the usual appearances, perhaps rather redder than

ordinarily seen. There was no apparent cause. Patient was a plumber and painter. (See also February 14th, 1883.)

FIFTH MEETING, JANUARY 10TH, 1883.

CHAIRMAN, DR. ALFRED B. DUFFIN.

Dr. CROCKER. (1) *Prurigo ferox* (Hebra) in a girl (F. B—), aged 11 years. A "gum rash" appeared two or three days after birth, lasted three or four days; patient was then free from spots of any kind until three years of age, when she had measles. Some months later she had a scabbed eruption round the mouth, which was cured. Six months later had a weeping eruption in occipital region, probably from pediculi. A few months later spots with yellow mattery heads were noticed in different parts of the body—back of arms, outside of legs, and over back. When five and a half years old she was taken into Great Ormond Street Hospital, and treated for a month. She was apparently cured, but had not been home a month before it broke out again. This rash continued, with some mitigations, until two and a half years ago, when it disappeared, leaving; what the mother called, the present "black rash." When first seen last April she presented all the typical signs of true prurigo. When in hospital the rash gets apparently quite well, but recurs as soon as she goes home. The lesions are now very moderate in severity. It is worse in summer than in winter.

(2) *Three skull caps with osteophytes, two skull caps with craniotabes; congenital syphilis.* (1) Twin, aged 7 weeks, craniotabes and enlarged spleen. (2) Twin, aged 7 weeks, craniotabes and enlarged spleen. (3) Male, aged 1 year and 10 months, cranial osteophytes and enlarged spleen. Change began one year previously while under observation, forehead first. (4) Female, aged 7 months, bone, soft and rough, and vascular, slightly thinned in some parts, thickening only commencing. Frontal and parietal eminences and bone adjacent to sutures and fontanelle, not involved as yet. (5) Male, aged 5 months, similar to 4, but whole bone thicker and harder than it, and vascularity less marked.

Dr. COLCOTT FOX. (1) *Two calvaria* from cases of congenital syphilis, displaying Parrot's bosses.

(2) *Circumscribed symmetrical patches of miliary papules in*



a man, aged 26 years, married twelve months (J. R—). There were symmetrical patches on the inside of the thighs, on back of each elbow, and on the outside of lower third of leg, on the right flank and over the coccyx, and one or two slight ones on the trunk. Duration almost two years. Some had gone away from side of neck and about popliteal spaces, others had come out, and were papular throughout and very intractable. Patient had never had syphilis, and there was no strumous history in the family. Diagnosis: Is this circumscribed, chronic, papular eczema? or Lichen circumscriptus? We may exclude, probably, the circumscribed, miliary, Lichen scrofulosorum and miliary syphilide.

*N.B.*—It was probably a case of acuminate lichen of E. Wilson.

(3) *Sycosis in a strumous man*, aged 35 years (G. R—). Patch in mid-line of upper lip for seven or eight years; four or five months ago spread over the right upper lip around the angle of mouth. There was blepharitis from infancy, but no syphilitic history. It has spread since treatment for five weeks with bichloride of mercury and iodide of potassium internally. Diagnosis: A chronic, infiltrated, crusted condition such as this might be lupus, syphilis, or sycosis. We may probably exclude syphilis and lupus. Sycosis of this kind is seen in the mid-line of upper lip, occasionally, but the exhibitor had never seen it spread round the mouth without discrete pustules in the borders, as this has done.

(4) *Moniliform hairs* (as described by Dr. Walter Smith, *Brit. Med. Journ.*, May 1st, 1880), sent me by Dr. Bury, of Pendleton. The hairs are from the scalp of a boy, and so easily do they break that no specimen of the roots can be obtained. The hair-follicles are the seat of some congestion and plugging. The beaded part seems healthy, and the narrow part, where the hair breaks, abnormal. The patient was born with usual amount of hair, which gradually fell off, and at six months was nearly bald; then the present stumpy hair began to appear, and so continued since. Length of hair  $\frac{1}{2}$  inch mostly, some 1 inch.

*Note.*—Dr. Bury reported the case to the Manchester Medical Society; see *Brit. Med. Journ.*, vol. i, 1883, p. 417.

Dr. SANGSTER. *Sycosis* in a man, aged 53 years (D. D—, native of Holland). Patient, a tailor by occupation, denies syphilis; no signs of it at present. The disease commenced when he was thirty-five years old—that is, about twenty years ago. Both sides were affected simultaneously. He describes the surface as crusting profusely.

About ten years ago the disease was treated locally at the Rotterdam Hospital by application of some severe irritant (? caustic), which caused great suppuration, but did not cure. Three years after the disease ultimately yielded to treatment (in the Rotterdam Hospital) by epilation and ointment. When he first attended at Charing Cross Hospital, the surface presented much the appearance it does now, excepting that the margin was still infiltrated—made up of confluent pustules pierced by hairs. The treatment has been epilation with application of creosote and mercurial ointment, with mist. magnesiae. A clear history of a paternal uncle suffering for forty-five years with a similar disease. Rough microscopical examination shows no fungus.

(*To be continued.*)

## A NOTE ON THE ETIOLOGY OF TRICHORRHEXIS NODOSA.

By H. G. ADAMSON, M.D., M.R.C.P.

ERASMUS WILSON, who first described this condition in 1849, explained the "nodes" as the result of mechanical injury to hairs whose nutrition had suffered damage, and this simple explanation is perhaps still the most generally accepted. Raymond, however, in 1891, described a diplococcus which he thought to be the cause of the disease. Hodara, in 1894, demonstrated a bacillus (*B. multiform* or Hodara's bacillus) which he cultivated, and with which he claimed to have reproduced the affection by re-inoculation. Hodara's observations have been confirmed by Spiegler and by Markusfeld. Bruhms, Barlow, Richter, and others deny that the parasitic origin has been proved, and favour the view that mechanical agents are the immediate cause of this condition, but that the affection is preceded by and predisposed to by nutritional changes in the hair. The object of the present note is to point out that in hairs which have undergone changes of nutrition this condition may be easily artificially produced by purposely applied mechanical injury. Trichorrhesis nodosa has been found in the shaving brushes, or in the tooth brushes, of those suffering from the complaint, and this has been used as an argument in favour of its parasitic origin. But it is well known that it may also be found in brushes belonging to persons not so affected; indeed, it may be seen in a greater or less degree in any tooth-brush or shaving-

brush that has been long in use. Here, probably owing to the prolonged action of soap and water, the hairs have lost their elasticity, and if such a hair be taken and struck or pressed with a hard body, or bent upon itself, an artificial node is produced at the seat of injury, and indistinguishable from the existing nodes. But a hair from a new brush will not give this result; it will simply flatten out, split in two, or fracture across. Similar nodes are also seen in other conditions where there is nutritional disturbance of the hair; the frayed end of an alopecia stump or of a ringworm stump is merely the proximal half of such a node. Occasionally one finds alopecia hairs with the fracture yet incomplete, and the appearance is then precisely that of a trichorrhexis node.

In two well-marked examples of Trichorrhexis nodosa in female patients recently under the care of the writer there was a pityriasic condition of the scalp, and the hair was fine and dry and came out in combfuls—the ordinary condition of “seborrhoeic baldness.” Many of the hairs showed whitish nodes at intervals of a few inches; on other hairs there were only one or two nodes; the extremities of others showed a whitish node, the distal part of the hair having broken away at this point, leaving a brush-like end, which appeared to the naked eye as a white node. The condition of “white nodes” along the hairs was sufficiently marked in each case to have attracted the patient’s attention. Microscopical examination showed the typical brush-like appearance of Trichorrhexis nodosa. Specimens were stained by Hodara’s method, but no micro-organisms were discovered. On applying the mechanical test to unaffected hairs from the same head, or to the shaft of the diseased hairs between the nodes by laying them on a glass slide and striking them sharply with the edge of a paper-knife, typical nodes were easily produced. A normal hair from another head, treated in the same manner, either fractured across without fraying or merely split into two or three longitudinal bundles at the part struck. It seemed most probable that the nodes already present had been produced in a similar manner by frequent blows and injuries given to the hairs in brushing and combing. A less marked degree of trichorrhexis is found to be present in most cases of pityriasis of the scalp with falling hair; sometimes only a few nodes can be found on careful search, but they can be nearly always easily produced on the hairs of these patients by slight injuries.

This simple experiment, of striking the shaft of a healthy hair and of a hair which is of faulty nutrition and comparing each under the microscope, will readily convince one of the truth of Wilson's view that the fractures or "nodes" are the result of mechanical injury to a hair of damaged nutrition, and will demonstrate that it is quite unnecessary to search for special micro-organisms at the seat of fracture. The failure of nutrition of the hair may be due to various causes, such as a general malnutrition of the subject, of disturbance of the function of the papilla as in alopecia, of the invasion of hairs by the fungi of ringworm, or in the case of hairs or brushes of the prolonged action of soap and water.

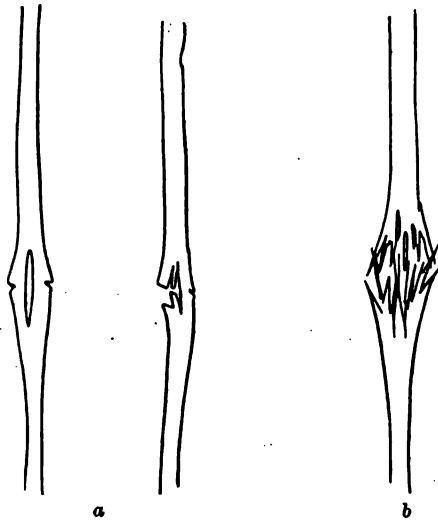


Diagram illustrating (a) result of injury to normal hair; (b) node produced by local injury upon hair of defective nutrition.

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### EDITORIAL.

IN this number of the journal appears the first of a series of hitherto unpublished notes of the early meetings of the Dermatological Society of London. It was not till 1894 that the proceedings of the Society were regularly reported in this journal. Fortunately, the records of the meetings from 1882, when the Society was founded, to 1894 have been kept by Dr. Colcott Fox, and it is to him that we are indebted for the opportunity of publishing them. At the present

juncture in the history of the Dermatological Society of London, when it is about to lose its individuality by becoming part of the Royal Society of Medicine, the publication of these notes seems particularly appropriate. That they are of special value to all interested in cutaneous medicine goes without saying, for they contain the history of British dermatology at a period when a great awakening had taken place as a result of the researches and teaching of Hebra on the pathology of the skin, and the recognition of the part played by micro-organisms in the causation of cutaneous diseases. Consequently the nomenclature and classification had to be in part re-modelled. Dermatology at this time had begun to take its proper place as a branch of medicine worthy of special study. The new ideas on pathology indicated the lines along which progress might be expected, and had struck a blow at the then-prevailing vague theories of humours and diatheses as all-important factors in the pathogenesis of skin-disease.

When we compare the state of knowledge of dermatology at the time of the founding of the Society, a quarter of a century ago, with that of the present day, one cannot but be struck with the amount of knowledge which existed at that time, and the comparatively slow progress which has been made since then. Though slow, however, the progress has been sure. New diseases have been recognised and named, the causes of others have been discovered, and the methods of treatment improved—facts which the study of these reports cannot fail to emphasise.

In arranging these notes for the press, the editor is indebted for much assistance and guidance to the writer of them, and also to Dr. J. J. Pringle, the secretary of the Society from 1885 to 1901.

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## CORRESPONDENCE.

*February, 1907.*

*To the Editor of the BRITISH JOURNAL OF DERMATOLOGY.*

SIR,—In a letter to the *British Medical Journal* four years ago I remarked on the superiority of the scar resulting from Finsen light to that produced by X-ray treatment, and gave an instance of a case of lupus of the face (published in a paper with Mr. Malcolm Morris, May 31st, 1902), in which the scar on one side of the face, treated by X-rays, was more discoloured, denser, and less smooth and supple than the Finsen scar, and had subsequently become telan-

giectatic. It is because we have seen no reason to alter our opinion as to the importance of this difference in the scars, and because the deficiencies and potential dangers of the X-ray scar seem to me to be becoming increasingly manifest, that I now refer to the statement expressed by Mr. Willmott Evans in the February number of this journal that he is unable to distinguish between the scar formed by the Finsen and the X-rays. In my experience, although great benefit is derived from the X-rays in the treatment of lupus, especially in extensive and ulcerating cases—even when septic infection is present—and the scar at first may be a good one, the eradication of the final foci of the disease by X-rays is, in many cases, not effected until the lesion has received so many exposures that the scar will sooner or later become telangiectatic, making the propriety of continuing the treatment doubtful. When Mr. Willmott Evans lays so much stress, as he rightly does, upon the importance of cosmetic results, and, in a later part of his paper, refers to the development of telangiectasis and hirsuties (the latter I have never seen) as possible results of X-rays, he seems to me to be stating a strong case for the Finsen treatment, which is scarcely borne out by his previous statement; in any case he will, I am sure, forgive me for emphasising a point which is, perhaps, not fully appreciated by many who have not had his experience.

I am, etc.,

S. ERNEST DORE.

February 11th, 1907.

*To the Editor of the BRITISH JOURNAL OF DERMATOLOGY.*

SIR,—I have read with interest the article on the "Present State of the Treatment of Lupus Vulgaris" in your last issue. With Mr. Willmott Evans's chief conclusions I am in entire agreement, but there are certain points which I do not think should pass without remark.

Mr. Willmott Evans says that he is "unable to distinguish between the scars formed by the Finsen and the X-rays." I think that left by the Finsen treatment is rather thinner and softer, but that question is of little moment. The great difference is that in most cases treated by the X-rays (at any rate, cases in which there has been prolonged treatment) there are telangiectases in the cicatrix, which, as Mr. Willmott Evans owns, are "troublesome and unsightly." This is surely a grave disadvantage in a treatment advocated for its cosmetic results in facial lupus.

Again, I do not find that the X-rays produce a deeper effect than the Finsen light, unless the treatment is pushed to such a degree as to cause a dermatitis, which would inevitably leave a telangiectatic scar. I should like it to be understood that by the Finsen treatment I mean the application of concentrated light from the Finsen or Finsen-Reyn apparatus for sittings of at least one hour's duration. As to the permanence of the results in various treatments, I hope shortly to review the work done in the Light Department of the London Hospital during seven years, and to show that the claims of the late Professor Finsen have been amply justified.

I am, Sir,

Faithfully yours,

JAMES H. SEQUEIRA.

# QUARTERLY SURVEY OF DERMATOLOGICAL LITERATURE.

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- Erythema Induratum (Bazin).** J. M. FINNEY. (*The Med. Press*, November 14th, 1906, p. 520.)
- Erythema Nodosum, On the Etiology of.** M. A. BRÖNNUM. (*Hospitalstidende*, August 22nd, 1906.) (Abstr., *La Semaine Méd.*, December 12th, 1906, p. 597.)
- Erythema Nodosum and Rheumatism.** J. ODERY SYMES. (*Lancet*, January 26th, 1907, p. 207.)
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- Pemphigus Vegetans.** J. M. WINFIELD. (*Journ. of Cut. Dis.*, January, 1907, p. 17.)
- Pityriasis Lichenoides Chronica, To the Knowledge of.** E. RIECKE. (*Archiv f. Derm. u. Syph.*, January, 1907, p. 51.)
- Pityriasis Rosea, The Etiology of.** J. SZABÓKY. (*Monats. f. prakt. Derm.*, vol. xlii, No. 10, p. 495.)
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- Raynaud's Disease, Note on a Case of.** J. REID. (*Lancet*, January 26th, 1907, p. 224.)
- Scleroderma and Myositis (Bibliography).** J. A. NIXON. (*Lancet*, January 12th, 1907, p. 79.)
- Urticaria.** DI PIETRANGELO. (*Clin. Dermosif.*, November, 1906, p. 99.)
- Urticaria Depressa.** H. VÖRNER. (*Derm. Zeitschr.*, October, 1906, p. 687.)

- Vaccination of the Cornea.** J. A. MENZIES and W. E. JAMESON. (*Brit. Med. Journ.*, January 26th, 1907, p. 198.)
- Vegetating Dermatoses; with Report of Two Cases.** W. A. PUSEY. (*Journ. of Cut. Dis.*, December, 1906, p. 555.)
- White Spot Disease and Lichen Planus Sclerosus et Atrophicus.** F. H. MONTGOMERY and O. S. ORMSBY. (*Journ. of Cut. Dis.*, January, 1907, p. 1.)

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- Blastomycosis of the Skin in Man.** A. PRIMEOSE. (*Edinburgh Med. Journ.*, September, 1906. Two plates.)
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- Oriental Sores: Leishman Bodies; Incubation Period of Five Months.** Sir PATRICK MANSON. (*Journ. of Trop. Med.*, January 15th, 1907, p. 17.)
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# THE BRITISH JOURNAL OF DERMATOLOGY.

APRIL, 1907.

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## A CASE OF VON RECKLINGHAUSEN'S DISEASE.

By MALCOLM MORRIS, F.R.C.S.E.,

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AND

WILFRID FOX, M.D., M.R.C.P.,

*Dermatologist to St. George's Hospital, and Assistant Dermatologist to the "Dreadnought" Hospital, Greenwich.*

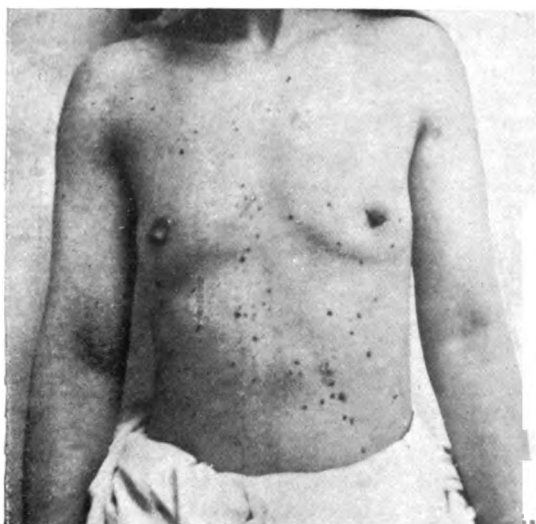
THE patient was a widow, aged 45, who came to the "Dreadnought" Hospital last October, complaining of painful itching growths on the skin. She stated that the growths first appeared at the age of 12, when five or six nodules were noticed. They were seated mostly on the trunk, and increased steadily in number, so that by the time she was thirty they were "countless." None of the small tumours ever disappeared spontaneously. Some, after attaining the size of a pea, remained stationary, while others increased slowly till they were as large as a hazel nut. They gave rise to the most intense itching and to pricking pains. The patient had had no severe illness, and the only noteworthy fact in her medical history, apart from the tumours, was that at the age of nineteen she had a series of fits extending over a period of three months. At the age of thirty she was admitted into Guy's Hospital, where she says five of the growths were cut off. They grew again almost immediately. Six others were, however, removed with the surrounding skin to a considerable depth and the base cauterised; these did not recur, and the pain and

itching in the immediate neighbourhood were relieved. At the age of forty-one, after the death of her husband, she had a further series of fits similar to those previously mentioned. She stated that her mother had somewhat similar growths on one hand, and was at present under treatment in the London Hospital. On inquiry, however, the Registrar of that Hospital was kind enough to inform us that the arm had just been amputated for tubercular disease.

Examination of the patient showed that she was highly neurotic, at one time very despondent, at another rather excitable. She was thin and sallow, with a loose atrophic skin tending to hang in folds. The growths were distributed over the scalp, face, neck, trunk, and arms down to the elbows; there were a few on the thighs. The growths were of two kinds. One variety was pedunculated, loose, and soft—the so-called “seedless raisin” type; the other, sessile and firm, was obviously deeper, arising from the subcutaneous tissue. Some of the latter kind were situated over the points of exit of nerves from the deep fascia. The patient said that she thought the pedunculated growths were simply a later stage of the others, but we could find none which were in the intermediate stage, and the two varieties were sharply divided. The pedunculated variety seemed to cause more itching, while the sessile growths were more tender and painful. There was no pigment distributed in patches over the body, as is usually described in these cases, but there was some pigmentary mottling at the root of the neck and in the intrascapular region, the tint resembling that of Pityriasis versicolor.

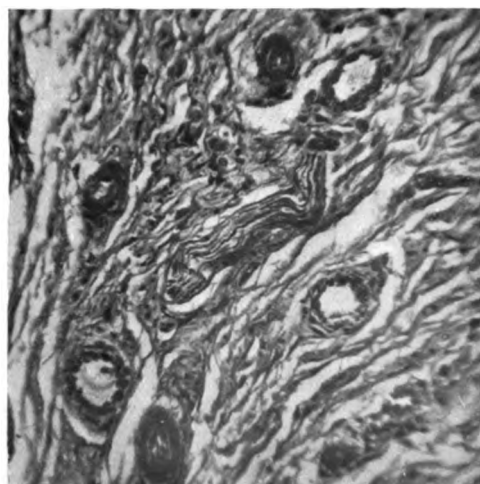
The only incident worthy of note during the patient's stay in the hospital, from October 23rd to November 28th, was a series of epileptiform fits, which lasted over a period of ten days. The fits had a tendency to be Jacksonian in type, that is to say, twitchings would start in one limb and sometimes spread to the rest of the body. Occasionally they ended by one limb, generally a leg, remaining stiff and raised up in the air, in a sort of cataleptic condition. There was no definite aura; the tongue was bitten once, and on one occasion the patient passed water during a fit. The fits did not, as a rule, last more than two or three minutes. From the general manner of the patient and her history we are of the opinion that the fits were not genuinely epileptic, but hysterical in character. During the last ten days in which the patient was in the hospital she had no fits, and her

FIG. 1



PHOTOGRAPH OF THE PATIENT.

FIG. 2.



NERVE-FIBRILS IN NEURO-FIBROMA.



hysterical condition was somewhat improved. She went home on November 28th.

#### PATHOLOGY.

Six of the growths were excised freely, the opportunity being taken to test the efficacy of several local anæsthetics. The drugs used were: Cocaine 5 per cent., lactate of B. eucaïne 20 per cent., stovaine 3 per cent., and novocain and adrenalin (one tabloid containing .125 gramme of novocain). The last of these was by far the most successful; so much so that, although the patient was in a very excited state, she nevertheless confessed that she felt nothing at all in the case in which novocain was used. To the naked eye the two varieties of tumours, when excised and cut open, differed considerably. The pedunculated growths appeared to consist of loose, soft, fibrous tissue, whereas the sessile ones were gelatinous in aspect and firmer to the touch. In no case was a central core of nerve fibres seen to penetrate the tumours; nor were we able to dissect out any groups of small growths arranged along the branches of some large nerve trunk, as has been reported in some cases.

The following methods of staining were employed:

(1) Small pieces of tissue were placed in normal saline immediately after removal from the body, and stained in the incubator shortly afterwards either with (a) methylene blue, or (b) neutral red. The tissue took up both these stains well, as was seen by examining small fragments alive and fresh, the red being more satisfactory than the blue; but on attempting to fix the stain with perchloride of mercury we met with no success.

(2) Other pieces were put through celloidin and cut, and the sections were stained as follows:—i. Weigert's iron hæmatoxylin; ii. Van Gieson; iii. Dehydrated in eosin alcohol; iv. Xylol; v. Balsam.

(3) Others were stained by Ramon y Cajal's second method as follows:—i. Fixed for twenty-four hours in alcohol and ammonia (ammonia 1, alcohol, 96 per cent., 100); ii. Stained in 2 per cent. silver nitrate for three days; iii. Reduced in 2 per cent. pyrogallie acid, with 5 c.c. of formal for twenty-four hours; iv. Then put through paraffin, cut, and mounted in balsam. (*Note.*—The reader is referred, for further details, to *Die histologischen Untersuchungs-Methoden des Nervensystem*, by P. G. Bayon.)



Lastly, others were placed in formaline for forty-eight hours, frozen, cut, and then stained by the Weigert's iron hæmatoxylin and Van Gieson method as given above.

All these last three methods were successful in demonstrating fine nerve-fibrils running in bundles between the layers of fibrous tissue, but the most satisfactory appeared to us to be Cajal's second method, and it is from a specimen stained in this manner that the accompanying microphotograph is taken. The other two methods, however, showed up the cells of the surrounding tissue more clearly, and the small tumours were seen to be fibromata, made up of spindle-shaped cells, which appeared to us to be rather larger in size than the ordinary fibroblasts of the skin. The structure was more loosely arranged in the soft pedunculated growths than in the sessile subcutaneous nodules. The nerve-fibrils were few in number, much more so than in most of the reported cases of neuro-fibromatosis. We desire to express our thanks to Dr. Bayon, Pathologist to the "Dreadnought" Hospital for his kind help and advice in the histological examination of this case.

The chief points of interest in the case are—

1. The absence of any large pendulous tumours on the skin, as described by Rolleston (1) in his case, and depicted in Bland-Sutton's cases (2).

2. The fact that apparently no large nerve-trunks were involved as Abbott and Shattock have reported in their case of macroglossia neuro-fibromatosa, in which the hypoglossal, facial, lingual, part of the fifth, glosso-pharyngeal, auriculo-temporal, and some branches of the cervical plexus, were implicated.

3. Apparently in this case only very fine fibrils in the skin were affected, and this may, perhaps, be the reason of the intense pruritus associated with the tumours, although, in all probability the neurotic condition of the patient accounted for a considerable part of this.

4. The fits, which were, on two occasions, carefully watched by Dr. Weir, to whom we hereby express our obligations, were, we think, unquestionably hysterical, although, but for her behaviour, their occurrence might have suggested the existence of some intra-cranial neuro-fibromata.

5. The mottled type of pigmentation referred to above somewhat resembling freckling is, as has been pointed out by Rolleston,

one of the recognised forms in which pigmentation occurs in this disease.

The disease was first described by von Recklinghausen in 1882. It may be of interest to give, for the purpose of comparison, his account of the two cases on which his description was founded.

We quote them as they stand in Alexis Thomson's exhaustive monograph which is the *locus classicus* on the whole subject of neuroma and neuro-fibromatosis.

The first case was that of a woman aged 55, who died of pulmonary tuberculosis. She was of dark complexion, and almost the entire skin was studded with nodules or tumours. "Most of them project on the free surface and are pedunculated; some have a broad base. The majority are spherical. They are of every possible size, from a pin's head to an apple. They are covered by intact smooth skin. Some of them show one or more depressions on the free surface filled with sebaceous secretion. The tumours are most numerous over the breast, belly and back, being so closely packed as to be in contact with, and flattened against each other; they are also numerous over the scalp, neck, and on the extremities, excepting the palmar surfaces of the hands and feet. The projecting tumours send prolongations of their substance into the subcutaneous tissue; others are quite subcutaneous and can be felt through the atrophied skin. Some are soft and flaccid, others are firm and solid; some give the impression of being lobulated or of being made up of a plexus of convoluted cords. They all consist of a soft white tissue, often partly transparent or opalescent. This tissue may be teased more or less completely into convoluted cords held together by a loose connective tissue.

The skin of the body generally, especially the neck and trunk, is the seat of innumerable small brown pigment spots; there is a more diffuse brown pigmentation along the outer aspect of both thighs, around the external genitals, in the groins and over the shoulders. Over the projecting tumours the skin is paler and less pigmented than elsewhere. This patient was known to have had the cutaneous tumours since her earliest childhood. (There was fibromatosis also of the cutaneous nerves, of the nerve trunks of the extremities, of the sacral plexus, of the vagus, trigeminal, sympathetic, etc.)."

In von Recklinghausen's second case the patient was a labourer

aged 47, who had had tumours of the skin ever since he could remember, and who stated that they had considerably increased in number after the age of 15.

"The whole skin of the body is studded with innumerable tumours, resembling those described in the preceding case, except that on the extremities they are larger and more numerous; some of them are pale like the surrounding skin, others present a darker or lighter rose tint, like that of a newly-born child. There is no excessive pigmentation as in the preceding case.

"On manipulating the tumours one could recognise that while the smaller ones are quite uniform in consistence, others are lobulated, and others, again, are made up of convoluted cords, movable on each other, and arranged in the form of a plexus.

"There are also thickenings, enlargements, and palpable tumours in relation to the trigeminal vagus, and the nerve-trunks of the limbs.

"The microscopic examination of the cutaneous and subcutaneous tumours, showed that they were all of the nature of soft fibromata, related to the terminal filaments of the cutaneous nerves."

Alexis Thomson says "the impression gained by him from the examination of the soft cutaneous tumours, met with in one of his own cases, in which these were combined with multiple tumours on the trunks of the nerves, is, that what was observed clinically as a projecting tumour of the skin, was not really a tumour at all, but a localised plexiform fibromatosis of the terminal filaments of the cutaneous nerves. A section right through the tumour showed the normal structures of the skin, *i.e.* fat lobules, sweat-glands, blood-vessels, etc., permeated with nerve-filaments, of which the majority had undergone fibromatosis, in consequence of which they were greatly thickened, either uniformly or in the shape of tumour-like nodules. Unless the medullary sheaths of the nerve-fibres had been stained dark blue, one would have been unable to trace them, and one would have been apt to associate the fibromatosis and tumour-like nodules with the connective-tissue sheaths of the arteries, or of the sweat-glands. The latter are merely displaced and compressed. The blood-vessels were abnormally developed, and in the deepest layers of the skin, or base of the tumour, they were dilated into sinuses, filled with blood like those in a cavernous angioma.

The distribution of the cutaneous neuro-fibromata is more often

like that described in the typical cases of von Recklinghausen, viz. generalised over the whole body, excepting only the palms of the hands and soles of the feet. In exceptional cases they follow the distribution of one or more individual nerves. In one of my own cases there were only nine tumours altogether, and these were irregularly scattered over the trunk and limbs in relation to different cutaneous nerves.

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## SOCIETY INTELLIGENCE.

## THE DERMATOLOGICAL SOCIETY OF LONDON.

A MEETING of this Society was held at 11, Chandos Street, Cavendish Square, on Wednesday, March 13th, 1907, at 5.15 p.m., Mr. MALCOLM MORRIS in the chair.

The following cases and specimens were exhibited:

Mr. WILLMOTT EVANS showed a woman, aged 49, who for twelve years had had several areas of *baldness* on the scalp. These had steadily extended circumferentially since they first appeared. She was first seen one year ago, and then the skin of the areas of baldness was cicatricial, and the surrounding hairs over a zone of about a quarter of an inch in width were readily removable. Each hair emerged from the centre of a minute pustule. Under treatment with a 40 per cent. ointment of ammoniated mercury the areas had ceased to extend, and the folliculitis had disappeared, though the ointment had inflamed to some extent the cicatricial areas. When shown no folliculitis was to be seen.

In Mr. Evans' opinion the case belonged to the group of cicatricial alopecias,

containing Quinquaud's disease, but the majority of the members of the Society present thought it to be an example of *Lupus erythematosus*.

Dr. WILFRID FOX showed two *drawings* of patients suffering from secondary *syphilis* of rather uncommon type: (1) The first was an example of a so-called cockade syphilide on the forehead of a man aged 32. He had suffered from a chancre eight weeks previously, and was at the time when first seen at the hospital covered with a well-marked secondary rash. The trunk and limbs showed papules of the ordinary lenticular type, but on the forehead the rash was arranged as follows: a bright red central papule surrounded by an area of healthy white skin measuring about a quarter to half an inch across; around this again was a bluish ring about one eighth of an inch in thickness, the arrangement of the red, white, and blue resembling the French tricolour *cocarde*; hence the name "*en cocarde*" which has been given to the lesion. Both the central papule and the surrounding circle were slightly raised and indurated. The rash on the forehead consisted entirely of twelve of these units, and there was no similar arrangement of the rash anywhere else on the body. The cockades faded very quickly under treatment by the injection of basic salicylate of mercury, the lenticular papules on the body remaining afterwards, and disappearing in the ordinary way.

(2) The second drawing showed a corymbose syphilide on the outer side of the right thigh in a man, aged 28, who had recently had malaria. The rash was well marked on the back and limbs, but very little on the face; everywhere it tended to be of the corymbose type, with a large central papule surrounded by numerous small papules. The patient did well on injections of benzoate of mercury, but there was deep pigmentation left after the papules disappeared.

Dr. JAMES GALLOWAY exhibited (1) the case of a patient, aged 39 years, who at present showed one or two small lesions of psoriasis on the trunk, but was otherwise in good condition and health. He stated that previous to April, 1906, the patient had suffered for many years from psoriasis of the severest type. She had been in constant attendance at the Skin Department at Charing Cross Hospital, and careful treatment carried on, not only at home, but by means of baths and inunctions in the hospital, had ended in failure. The extent of the psoriasis increased, and she slowly lost her health on account of the great extent of the disease and trouble which it occasioned.

During the year 1905 she presented almost universal psoriasis, which in places tended to show lesions of the type of *dermatitis exfoliativa*.

Towards the end of 1905 another complication developed. The patient first of all presented one or two superficial follicular abscesses in the axilla. These were treated and after some difficulty healed. Shortly afterwards there was a recurrence of follicular suppuration in the other axilla, and then there became manifest a tendency for patches of psoriasis in many parts of the body to develop purulent lesions. These were of two sorts: small boils occasionally showed themselves, apparently affecting follicles, and in addition the surface of the patches of psoriasis seemed to become pus-producing.

The patient's health was now seriously affected; she lost flesh and was obviously very ill. On the 2nd February, 1906, she was admitted to the wards for treatment. No lesions of the internal viscera had ever been noted in the case; but the patient was now anæmic, thin, had a poor appetite, slept badly, and was in greatly enfeebled health.

The treatment at first attempted (in addition to measures adopted to improve her general health) was by means of daily bran baths. These had to be administered with care, as on more than one occasion she fainted while having the bath. After a fortnight the *liquor picis carbonis* was used in the bath in small quantity. In three weeks from her admission a slight general improvement had occurred; the exfoliative tendency of the psoriasis had diminished, but the pyogenic lesions were still manifest and continued to spread. It was then determined to attempt treatment in the case by means of inoculations of a vaccine made from cocci grown from the pus-producing lesions on her skin. The following inoculations were performed:

*Vaccine prepared from Staphylococcus aureus, obtained from pustular lesions on the patient's skin.*

March 14, 1906.	The patient's phagocytic index to her own cocci.	= 0.85
March 15, 1906.	400,000,000 cocci injected into flank.	
March 19, 1906.	Phagocytic index . . . . .	= 1.08
March 22, 1906.	600,000,000 cocci injected.	
March 26, 1906.	Phagocytic index . . . . .	= 1.15
March 30, 1906.	600,000,000 cocci injected.	
April 4, 1906.	Phagocytic index . . . . .	= 1.25
April 6, 1906.	600,000,000 cocci injected.	
April 11, 1906.	Phagocytic-opsonic index . . . . .	= 1.1

Very little discomfort, and the slightest febrile reaction only, followed the inoculations.

At the end of the course of treatment outlined above, a very great improvement had taken place in the patient's health. The tendency to the production of purulent lesions had ceased. Her weight, which had increased four pounds from the date of admission to the 12th March, remained stationary till the conclusion of the vaccine treatment, when she once more began to put on weight, and on leaving the hospital had gained about eight pounds in weight altogether.

At the close of the period of treatment by means of vaccine her condition had much improved, the purulent lesions had vanished, the psoriasis had assumed a much more normal type, and it was thought advisable to make use of inunctions of chrysarobin. These inunctions were commenced along with the bath treatment, which had been continued throughout, on March 20th and on March 11th; she was discharged from hospital in greatly improved health, and with scarcely any trace of psoriasis remaining.

It will be noted that eleven months have elapsed since she was discharged. The patient has been under observation continuously since; her health has remained good; she appears to be stouter than on leaving the wards, and the psoriasis is of the slightest description, and is readily held in check by means of baths and the application of chrysarobin.

Dr. GALLOWAY said he brought forward the case on account of its interest as a complicated case of severe psoriasis and also on account of the experiment in treatment which had been used. He had treated one other case of severe psoriasis in a similar way. This case was, however, not complicated by pyogenic lesions. The cultures of micro-organisms which were cocci of the grey-white variety, were obtained from the patches of psoriasis, and the patient was vaccinated on two occasions. The results, however, could not be depended on as the patient had remained too short a time under treatment.

From such a case as the one reported little could be actually concluded as to the value of the treatment, but the facts might be of assistance to others who may be inclined, under similar circumstances, to carry out treatment by means of appropriate "vaccine."

(2) *A microscopic section of an unusual epithelial growth of the skin.* The patient, a man of about 50 years of age, was stated to have suffered so long as he could remember from a spot on the back, the character of which was indefinite. During the last year or

two it was stated to have become larger and more noticeable, and was finally excised. The tumour appeared to be about the size of a bean, was slightly raised above the skin-level and consisted of masses of cells apparently of epithelial origin situated within the skin and free from the epidermis. The epidermis seemed to be complete over the whole surface; the deeply situated epithelial cells were seen to be arranged round cystic spaces, the cellular lining of these spaces consisting of many layers of cells—as many as eight or nine being counted.

Some discussion arose as to the exact nature of the tumour. By some it was considered that the lining of the cyst was not of epithelial, but of endothelial origin, and that the tumour would appear to resemble more closely the lesions known by the name of lymphangioma or hæmangioma, than any of the “nævroid” growths containing epithelial inclusions which occasionally undergo cystic development. On the other hand, it was admitted that such a complete and well-formed cellular lining to the cystic spaces of a lymphangioma or of a hæmangioma was most unusual. The exact nature of the tumour remained in doubt.

Dr. J. M. H. MACLEOD showed a case of *psoriasis* in an infant aged 6 months, the disease having first appeared when he was three months old. The patient was a well-nourished boy. The mother had been married three years, and this was her first child, but she had had a miscarriage, at six weeks, previously. Both she and the father were healthy, and there was no history or evidence of psoriasis or seborrhoeic dermatitis in either of them.

The distribution of the eruption was as follows:—In the bathing drawers area there was a uniform reddish patch extending from near the umbilicus to a couple of inches beyond the inguinal folds, spreading round on to the buttocks, and involving the scrotum and perineum. It was pinkish-brown in colour, clearly demarcated at the borders, smooth and shiny on the surface, and not definitely scaly. In the inguinal folds and between the buttocks the patch was moist. On the abdomen there were numerous irregular patches of the same colour, but most of them were covered with scales. Some of these patches were circular in shape, others were oval, while the majority were irregular from the coalescence of several small lesions. They varied in size from a pin's head to several inches in diameter. A few lesions of the same type were present on the back and on the flexor aspects of the arms near the axillæ. On the scalp there was a red



scaly patch about three inches in its long diameter. The lesions all presented well-defined borders, and had all the characteristics of psoriasis except that the scaliness was slight, and the colour of the lesions, though vivid, was brownish-pink. So evident was the brownish tinge that the possibility of the eruption being a syphilide was suggested, but the absence of induration in the lesions and of any congenital syphilitic stigmata put that diagnosis out of court. Apart from the unusually early age for psoriasis to occur the case was of special interest to the exhibitor on account of the difficulty it originally presented in diagnosis.

It was first seen at the Victoria Hospital for Children three weeks before, and at that time the inguinal folds, the scrotum, and the back of the auricles were the parts chiefly involved. There the skin was red and moist, and the condition was thought to be an intertrigo, possibly of streptococcic origin. The only feature against that diagnosis which was noted at the time was the fact that the edge of the patch in the groin was well-defined, could be felt, and did not fade into the surrounding skin. Beginning with this large and indefinite "herald patch," the eruption had gradually developed and assumed the characteristics of psoriasis.

Dr. ORMEROD showed a case of *Xanthoma diabeticorum*. The patient was a plethoric-looking man, aged 35, a fishmonger by trade. The rash consisted of rounded prominent papules, in size varying from that of a small pea to that of a large pin-head; they were yellowish and somewhat shiny. They were mostly isolated, but a few were confluent. They were situated mainly on the flexor aspect of the forearms, and on the thighs and about the knees. There were one or two on the buttocks also, and on the fourth and fifth fingers of the right hand.

They had appeared first according to the patient's account as "red spots" on the front of the wrists, about seven weeks previously, and had been coming out ever since. There had been itching at first, and lately pain when a spot was accidentally jarred, and he had numbness in the fingers of the right hand. Urine, specific gravity 1025, containing sugar.

The diagnosis was agreed to by all of those present.

Mr. GEORGE PERNET showed further microscopical sections from

the case brought forward by Dr. Radcliffe-Crocker and himself at the previous meeting. The exhibitor considered the sections showed a sarcomatous infiltration corresponding to what had been called primary sarcomatosis cutis. The present sections were from a more advanced lesion than those shown at the February meeting, when Mr. Pernet had expressed the same opinion as to the nature of the disease.

The account of the case with details will be published later.

Dr. SEQUEIRA showed a young woman, aged 22, with extensive *pigmentation of the skin*, and has furnished the following notes:

The family history is unimportant. The patient has suffered from anæmia and breathlessness for two or three years. About four months ago it was noticed that the skin of the trunk was darker than usual. At the same time a swelling developed on the right leg just above the ankle. The swelling was said to be hard, and later it "broke" and an ulcer formed.

On admission to the London Hospital there was an ulcer the size of a two-shilling piece above the ankle on the left side; there was slight induration round the ulcer, whose base was dirty and covered with pallid granulations. The face was pale; lips also pale. Pulse rapid, 120, rather low tension. 100 mm. Hg.

From the neck to just above the knees the skin was deeply pigmented. The pigmentation was diffuse, with increase in intensity under the mammæ, in the axilla, inner side of thighs, and lower abdomen. There were no characteristic "garter" rings. The back was equally pigmented from the neck to the lower part of the thighs. The mucous membranes, so far as they could be seen, were free from pigment. There has been no anomaly of the urine, and the blood count showed a diminution in hæmoglobin and erythrocytes, the latter being about 65 per cent. of the normal. The patient has been sick twice in four months; there have been no visceral crises suggestive of Addison's disease.

The case excited considerable interest, the general opinion being that it was of splanchnic origin. Dr. Galloway mentioned a similar case in which there had been peritonitis under the liver, an exploratory operation showing the adhesions.

Dr. WHITFIELD showed a man, aged 31 years, suffering from wide-

spread *Lupus erythematosus*. The history was that in 1901 he came into the Great Northern Central Hospital suffering from a diffuse weeping eruption affecting the whole of the face, scalp, arms, and legs, which was then diagnosed as acute seborrhoeic eczema. This yielded practically completely to a weak tar and calamine lotion, and he went out apparently cured. Some time later a gradual relapse took place, and he was then under the care of Mr. Hartigan, who showed him at the Dermatological Society of Great Britain and Ireland with the diagnosis of *Lupus erythematosus*, which was at that time unmistakably correct.

He was then transferred again to Dr. Whitfield, and came into the Great Northern. His condition then was as follows:—The whole of the forehead, the cheeks, the bridge of the nose, the ears, and the neck were covered with an eruption which was red, superficially infiltrated, and scaly. The ears showed marked, and the other parts slight atrophy. The palms of the hands, the fingers, the soles of the feet, and the toes showed marked red infiltration with atrophy, and there was a small area over the right supinator longus of a similar nature. All the internal organs appeared sound on examination. The patient had a marked nystagmus which appeared to be congenital. He was given  $\frac{1}{100}$ th of a c.c. of old tuberculin for diagnostic purposes, and this was followed in twenty-four hours by a rise of temperature to 103°. The blood opsonic index to tubercle was on the first examination .75 and on the second .57.

He was, therefore, put upon a course of injections of T.R., but it was found impossible to raise the index to any extent, and only on one occasion had Dr. Whitfield got him up to 1. Some improvement took place, but this was believed to be due to rest in bed and local treatment rather than the immunising methods. During his stay in hospital he was treated with tar and calamine lotion, and for a time with oxidised pyrogallie acid, but the latter seemed to do nothing for him one way or the other. As the tuberculin injections did not raise the index in the desired manner they were stopped, and, as his blood coagulation was found to be rather slow (two minutes), he was put on calcium lactate. During his stay in hospital some four months improvement was very great, but it could never be determined to what the improvement was due. He went out and was treated for a long time as out-patient at King's College Hospital, occasionally

improving and then relapsing, and on March 4th, 1907, being much worse, he was again admitted, this time into King's College Hospital. Within twenty-four hours nearly all his symptoms again subsided, the face becoming quite pale, though, of course, still showing the extensive atrophy, and the hands becoming much paler.

The present treatment was again weak tar and calamine lotion, an application which had always seemed to do him much good. A piece of tissue had been excised for examination while in the Great Northern Hospital the second time, and showed an indeterminate collection of cells in the corium with no resemblance to tuberculosis. The question was whether the original weeping eruption was in reality acute Lupus erythematosus or not. In favour of it was the fact that it never quite cleared up, and was in much the same situations as the present eruption with the exception of the hairy scalp. Against this was the fact that the eruption as at first seen was weeping freely, and also that, with the extensive affection of the scalp, there had been no loss of hair. The constitutional treatment he had had included calcium lactate, arsenic, strychnine, iron, thymus extract, thyroid extract, and tuberculin. Locally he had been treated with oxidised pyrogalllic acid, tar, weak mercurials, zinc cream, and hot bathing. The opsonic index had been determined since his fresh admittance to the hospital by Dr. Emery, the clinical pathologist, in order to control Dr. Whitfield's observations. It was found to be .36 which was very close to what Dr. Whitfield had found it some months previously, and he had had no tuberculin for a long time.

Most of the members present agreed that the disease was in all probability an unusual case of Lupus erythematosus, but the possibility of its being one of the rare and less well-defined forms of cutaneous atrophy was generally admitted.

Dr. COLCOTT FOX, in particular, insisted on the peculiar character of the skin of the hands, calling special attention to the extraordinarily fine "cigarette paper" wrinkling which appeared to him to resemble the primary atrophy seen in old age. He expressed some doubt about the nature of the disease, and suggested that it might possibly come under the heading of Pick's "Erythromelie."

Dr. WHITFIELD, in reply, said that he had read the descriptions of Erythromelie but had no familiarity with the disease. He pointed out that the so-called senile atrophy was in reality rather a degeneration of the cutaneous elements. In this case he thought there was true cicatricial substitution of fibrous tissue for the pre-existing corium, and drew attention to the contractures present in the fingers—a feature also considered important by Dr. PRINGLE.

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THE DERMATOLOGICAL SOCIETY OF GREAT BRITAIN  
AND IRELAND.

A MEETING of this Society was held on Wednesday, February 27th, 1907, Dr. LESLIE ROBERTS, President, in the chair.

The following cases were exhibited :

Mr. G. W. DAWSON showed a case of *Lupus erythematosus* in a young woman. The lesions were distributed upon the face and the backs of the hands, and the condition had lasted for eighteen months.

Dr. ALFRED EDDOWES brought (1) a case of *very extensive Lichen*. The patient, a commercial traveller, aged 40 years, was treated in hospital twelve months ago for a similar attack to the present, but not so extensive. He improved under treatment, and was practically free from the disease for two or three months before Christmas. After Christmas, on the occurrence of warm weather, the affection broke out in an acute form on all parts of the body, face, and limbs. The whole of the chest and most of the abdomen were covered by a perfectly confluent redness (erythrodermia). The character of the Lichen planus papules was somewhat lost owing to improvement by treatment, but still sufficiently clear for diagnosis, and the pigment remaining on the sites of old papules was a further point of evidence. Dr. Eddowes said he had found carron oil useful in this case, but he again wished to emphasize the value of boric acid as a local remedy. He had already called attention to this years ago. He asked the members if they had noticed the large increase of lichen cases during the recent very changeable weather. From what we knew of the etiology and pathology of the disease it is what might be expected.

(2) *Actinomyces cured by iodoform injection*.—Dr. Eddowes showed a coloured portrait of a man whom he had brought before the Society a year ago, suffering from actinomyces of the cheek. Sections containing the ray-fungus taken from the case were also shown. The final cure of the case had been brought about by injection of iodoform emulsion (in sterilised vaseline), into the tracks of the fungus. Iodide of potash had been given internally, but it was a slow, round-about, and unpleasant way of getting at the disease compared with the direct local treatment described. It had occurred to him that the

tracks might be easily punctured and injected, and experience proved it to be the case.

Dr. G. NORMAN MEACHEN exhibited a porter, aged 67 years, with *sypilitic leucoderma* of the penis and adjacent part of the scrotum. The patient also had an infiltrated, scarring eruption in the hypogastric region and perinæum, of three mouths' duration. The primary infection occurred forty-nine years ago, and he only received treatment for three months. He also presented a papilloma growing from the left side of the under surface of the tongue.

Dr. V. H. RUTHERFORD showed a *case for diagnosis*, which he thought was *Acanthosis nigricans*. A young man, aged 18 years, a shop assistant, with a dark, brown patch over the greater portion of the right shoulder, extending on to the lower part of the neck and down to the lower third of the arm. In addition there was a small pigmented, hairy patch over the right elbow, and a similar patch the size of a five-shilling piece on the external surface of the left arm just above the elbow, together with deepening of the pigment of the skin over the axillary folds in front. In each patch hypertrophy of the papillæ was evident to the naked eye, with increased growth of hair and pigmentation. This condition began about a year ago, and the mother of the patient, as well as the patient, are equally certain that no mole or wart preceded it. Careful examination failed to find any sign of disease in any of the organs of the body beside two or three pea-sized glands in the neck and axillæ. The buccal mucous membrane was normal, and the general health good. Beyond scarlet fever at eight, the patient has been free from sickness. His father, mother, five brothers, and three sisters are all healthy.

*Microscopical examination* of a section of skin taken from the back showed: (1) Horny layer, thickened and scaly; (2) stratum granulosum and prickle-cells considerably hypertrophied; (3) increased deposit of pigment; and (4) down-growth and lateral expansion of the interpapillary processes with elongation and tapering of the papillæ, as is seen in condylomata.

Some of the members considered the condition to be of the nature of a congenital mole, which had remained latent for some time; others, having regard to the microscopic appearances, were inclined to concur with the view of the exhibitor.

Mr. ARTHUR SHILLITOE showed a girl, aged 17 years, who was admitted, in November, 1905, to the Lock Hospital, under the care of Mr. J. Ernest Lane, with a maculo-squamous eruption of (she said) six weeks' duration, sore throat, and venereal warts. Her mother died aged thirty-seven. Two maternal uncles and one maternal aunt died aged respectively seventeen, twenty-four, and thirty, of causes unknown; the maternal grandparents, five uncles, and two aunts were alive and well. The patient four years ago had enlarged sub-maxillary glands, and since the age of three has had otitis media. This is the only possible evidence of tuberculosis obtainable. Two months ago the patient stated she had had the eruption ever since she could remember; it has certainly not appreciably altered during her sojourn in the hospital. Dr. Graham Little had seen the patient, and considered it to be a case of "*Parapsoriasis of Brocq*." The points to be especially noticed are—the long duration of the eruption, which is general over the covered parts; the fact that the hands and face are not implicated, though the hairy scalp is; the fine, branny desquamation; the general pale pink colour; and the absence of infiltration in the lesions, which are discrete.

Dr. STOWERS exhibited a girl, aged 8 years and 4 months, the subject of *congenital Ichthyosis hystrix linearis* or *hystricismus* (syn.: *Nævus verrucosus, vel Nævus papillaris, vel Papilloma neuroticum*, etc.) of unusual degree. The parents and an elder child were healthy. It was stated that at the time of birth red markings were seen on the left foot, and numerous "spots" also, corresponding with the positions in which the growths developed upon the body and limbs. The face, neck, and scalp were free. The lesions existed upon the left shoulder, the left side of chest (front), the abdomen and buttocks, both upper arms and forearms, the right thigh, and the left thigh, leg, and foot. The growths upon the body, although less marked and flatter than on the limbs, covered considerable areas, and had a somewhat circular or semicircular arrangement; those upon the extremities were more linear in distribution, exuberant, and papillomatous, the warty excrescences constituting spiny prominences, either single or multiple, with horny outgrowths of dark colour. A more or less symmetrical distribution was a feature of the case.

A detailed drawing is being made, in order that a complete description of the case—with illustrations—may be published at a later date.

Dr. F. MEADOWS TURNER showed a case of long-standing *Lichen planus* in a male patient, in which several of the papules presented a linear arrangement. The buccal mucous membrane was also affected.

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NOTES ON THE MEETINGS OF THE DERMATOLOGICAL  
SOCIETY OF LONDON FROM 1882 TO 1894.

By T. COLCOTT FOX, M.B., F.R.C.P.

(Continued from page 99.)

SIXTH MEETING, FEBRUARY 14TH, 1883.

CHAIRMAN, DR. C. HILTON FAGGE.

Dr. DYCE DUCKWORTH. *Scleroderma adultorum* (diffuse and circumscribed) in a woman (J. H—). (Case exhibited at Pathological Society meeting, May 18th, 1880; *vide* volume, *Transactions*, xxxi, p. 322.) The disease was of eleven years' duration. It began on the inside of the left thigh and spread towards the back of the knee. Three years afterwards a second patch appeared under the left knee. Subsequent increase: four years ago the legs began to be hard and stiff, and she had many attacks of subacute arthritis, affecting the limbs and the jaw. (Her mother had rheumatic hands.) Several new patches had appeared from 1880 to 1882, one below the head of the right fibula, another over the inner tubercle of the right tibia; one 3½ in. above the right patella, and one on the nape of the neck, circular in form, with leucopathic changes.

(*Vide* supplementary report, *Path. Soc. Trans.*, vol. xxxiii, p. 54, for sequel up to 1882.)

Dr. ROBERT LIVEING. (1) *Prurigo inveterata* in a man, aged 35 years, said to date from vaccination in infancy; papules mostly sub-epidermic and thickly distributed.

A considerable discussion was excited as to the nature of the rough, dry, and xerodermatous-looking skin present. Some thought this secondary to the original prurigo, whilst others thought the papular condition (prurigo or eczema) was secondary to xeroderma (ichthyosis), and they pointed out as corroborative evidence the glazed condition of the hands.

(2) *Lichen pilaris* of Willan, in a man aged about 60 years. There was plugging of all the follicles of the legs, arms, backs of the hands, and proximal phalanges, with *blackened-topped* exuviae, so that the skin



felt like a coarse file. The condition was persistent and non-inflammatory. There was very little on the trunk; the nails were becoming brittle.

Dr. CAVAFY. *Syphilitic ulceration of the face*, simulating rodent ulcer, in a woman (E. B—). She had been married seven years, and miscarried three months and fifteen months after marriage. She had two living children, the last one two years and four months ago; both were healthy. The husband was reported healthy, and the patient had no skin affection till the present one, which began six weeks after the birth of the last child (two and a half years ago), with swelling and redness of the right ala nasi, followed rapidly by ulceration. It spread slowly, and ulceration occurred near the right labial commissure, and on the right side of the nose close to the inner canthus. Present state (February 7th): The patient has a well-nourished, healthy aspect. From the inner canthus of the right eye, extending down the right side of the nose for half its length, is an oval, deep ulcer with raised, red walls, and a smooth floor covered with a thin, uniform, glazed, pale-yellow scab. Similar, but larger, ulcers with raised, red, semi-transparent margins are present on the right cheek, the right ala nasi, the right side and centre of the upper lip, and the right labial commissure extending to the neighbouring cheek and lower lip. There is marked scarring on the cheek. The skin in the immediate neighbourhood of the ulcers is much flushed, but soon fades to a healthy colour. There are no lesions in the mouth or throat. February 21st: Since 14th inst. she has been taking KI, and applying iodoform ointment. All the ulcers have greatly improved and have healthy granulations. See also April 11th, 1883.

Dr. MACKENZIE. *Acne varioliformis* in a woman, aged 35, with a large family. It appeared just after the birth of her last child, and was localised to the forehead and anterior third of the hairy scalp, and had spread down to the cheeks. It was a papulo-pustular eruption, leaving deepish pits. There was no clue to the presence of any syphilitic taint. (Watched for years. No evidence of syphilis subsequently.)

See *Clin. Soc. Trans.*, vol. xvii (with chromolithograph).

Dr. PAYNE. *Molluscum fibrosum* in an infirm, crippled woman (G. M—), aged 40 years. She was not ill-developed, nor had she a specially dulled intellect. It began in infancy, the distribution being general,

but the face free. There were tumours of all sizes, some pendulous and firm, others very soft and apparently cystic, so that you could squeeze them up like india-rubber balls, some superficial, some evidently deep-seated, oval and rounded in shape, one or two with a comedo on the summit, and many pigmentary macules interspersed. There was one big lump in the axilla, which was tender at times and caused pain down the arm; it was thought to be a gland or a neuroma. There were numerous spots of *Acne punctata*, but without constant relation to the molluscoid tumours.

Dr. CROCKER. (1) *Prurigo mitis* in a girl (M. R—), aged 13 years. As far as could be made out from the mother, an eruption of red spots, "blisters"—i.e. probably wheals—came out when the child was a fortnight old. She had no other eruption until she was two years old. The papular eruptions she now has came out when she was six years old, and have persisted to a greater or less extent since, in spite of much hospital treatment. The mother is not sure when the eruption is worse, but knows that she is worse whenever she gets very hot. The papules are like those of "*Prurigo ferox*," but they are much more scattered, and the secondary lesions are absent. The eruption is more abundant upon the front and outer parts of the thighs, very slightly below the knee, but the skin is dry and thick there, and the lesions appear there sometimes. On the extensor surface of the arms and forearms it is present, but much less than in *P. ferox*. It is scattered tolerably freely over the shoulders, back, and chest. The girl's general health and nutrition are good.

(2) *Acute Lichen pilaris* (spinulosus) in a boy (H. B—), aged 6 years. The eruption is in irregular patches, from one to several inches in diameter, and is symmetrically arranged. It has been present about five weeks, the patches appearing successively, and continuing to develop up to about a week ago. Each patch comes out rapidly; thus the patch on the neck was all out in one day, and the rest have come out at intervals in the same way. It came first on the back of the neck, then on the front of the thighs. It is also present on both arms, near the shoulders, and in the axillæ, slightly in the flexures of the elbows, and on the tip of the right elbow. The trunk is free as far as the ilium, the area corresponding with this bone being thickly covered. It is also present on the anterior, outer, and posterior surfaces of the thighs, outer side of the knee, the popliteal spaces,

below the upper two thirds of the tibiae in front, and on the sacrum and in the gluteal cleft. Individually the papules are pin-head size, of the same colour as the normal skin for the most part, evidently follicular, and having a spiny projection of horny epithelium  $\frac{1}{8}$  in. in length. In all the most developed papules the hairs have fallen out. In some situations the papules are distinctly red. The child is pale, moderately well nourished, but is always tired.

Dr. COLCOTT FOX. *Lichen scrofulosus* (L. spinulosus) in a boy, aged 8 years (H. R—). The lesions consist of chronic circumscribed patches of miliary acuminate papules (follicular), situated just below and on the extensor surface of each elbow-joint, behind each shoulder, over each hip, and below each knee-joint on the extensor surface; these have nearly faded away. A patch has disappeared from the sacral region, and from the back of the neck above the collar. The latter patch had little projecting spines. The duration was about one year. The patient attended a children's hospital for pustular eczema two years ago, and for ringworm of the scalp one year ago. He has chronic nasal catarrh, some adenitis, and is very pallid and delicate. The mother is also pallid and delicate, and phthisis is marked on her side of the family. The father is said to be delicate. The patient had ten brothers and sisters; two died with rickets, one has spinal disease; none were strong.

*Note.*—This case was very similar to the one shown by Dr. Crocker, and the two elicited much discussion as to a proper name, the presence of itching, etc. The general opinion seemed to be that it was an affection distinct from ordinary *Lichen scrofulosus* of Hebra. Dr. Colcott Fox contended that the spines were not pathognomonic. They were a mere complication, and were occasionally seen in other indolent follicular eruptions, even in the miliary syphilide.

#### SEVENTH MEETING, MARCH 14TH, 1883.

CHAIRMAN, MR. JONATHAN HUTCHINSON, F.R.S.

Dr. CAVAFY. *Leucodermia* (?) of three years' duration, in a man, aged 28 years, naturally somewhat dark-skinned. It is universal, except on the face, but the trunk is specially involved. He states that the skin gradually got dark, and lately has become studded thickly with white puncta from a pin's head to a pea in size. There are no large oval, or rounded white areas, as ordinarily seen in leucodermia, nor pigmentation in the mouth. The general health is unaffected.

N.B.—This case reminded one of some cases of arsenical pigmentation.—T. C. F.

Dr. COLCOTT FOX. (1) *Thickly disseminated comedones* of the upper half of forehead and the anterior third of the scalp, in a boy, aged  $7\frac{1}{2}$  years, of six months' duration. The patient was always delicate, but had no definite illness. The boy has a harsh, ill-nourished skin, and is very pallid. The exhibitor stated that he had under observation two brothers, aged respectively nine years and seven years, with an exactly similar eruption in respect of nature and distribution.

*Note.*—This condition was discussed by Crocker, *Lancet*, April 19th, 1884; by Julius Cæsar, *Lancet*, June 28th, 1884, p. 1188; and by the exhibitor, *Lancet*, April 7th, 1888, p. 665.

(2) *Prurigo of Hebra* in a lad (W. P—), aged 16 years. As an infant, a medical man would not vaccinate him on account of an eruption. He was always a pallid, delicate boy. No one else in the family was affected. The skin was thickly studded with rounded, millet-seed papules, situated mostly under the skin, of a very faint pink colour, or of the same colour as the skin. They were more easily felt than seen, and some were pustular. Hæmorrhagic specks were present on most lesions from scratching. They avoided the face (except the cheeks), scalp, axillæ, and elbow flexures, and only a few occurred in the popliteal spaces. There were buboes in both groins. The legs were most affected, and were ecthymatous. Treatment: He had improved wonderfully under balsam of Peru ointment.

(3) *Case for diagnosis (Lichen simplex?)* in a boy (H. W—), aged  $2\frac{1}{2}$  years. The whole trunk, front and back, especially the abdomen, was thickly set with tiny, conical, pinkish, follicular papules, not black-topped; every follicle was plugged and slightly congested, and from some spines project. The mother pointed to a patch developing on the poll, which raised the suspicion of its connection with *Lichen spinulosus* (*Lichen pilaris*). The eruption also reminded one of the follicular, miliary eruption so frequently seen on the upper arms of certain children. The eruption was not erythematous and soft like a papular eczema, but harsh and file-like. Slight rickets and phlyctenular ulcers leaving corneal opacities. Duration: The mother said it developed in the night, ten days ago, the child being in fair health. There were no indications about the eruption, however, of an acute evolution. It looked essentially a chronic affection.

*Note.*—The child was given *Mistura ol. morrhue c ferro*, and improved in health in every way. The eruption flattened and faded away by June, 1883.

(4) *Papulo-pustular eruption (scrofuloderma?)* in a girl, aged 8

months (C. F—). Family history: The mother has never suffered from skin-disease. She had eight children. Eldest died, aged 2 years and 3 months, of bronchitis. Second, third, fourth, fifth, sixth living. Miscarriage. Seventh died, aged 5 months, of croup and bronchitis; had similar eruption to No. 8. The eighth, present child, had thrush and an erythematous eruption over the buttocks, etc., at two months old; she now has a rather hoarse voice, snuffles, and a peculiar eruption. She was vaccinated at four months old and it took well. The history of the eruption was indistinct, the mother saying that an eruption had followed eight days after vaccination, but again stating that the present eruption was of two months' duration. Description of eruption: The lesions were red, glazed, flattish-looking papules, varying in size from a pin-head to a very small split-pea. Many had a whitish top as if about to pustulate, but no pustules formed. This appearance was quite similar to that when a pustular syphilide or varioloid eruption dries (cornifies), but does not crust. With a glass the papules were rather conical, and many were crater-like, *i. e.* with the summit scooped out. They were evidently developed mostly about a follicle. The mother said that the papules disappear, and successive crops evolved.

*Note.*—See *Acne scrofulosorum*, Radcliffe-Crocker, *Internationaler Dermatologischer Congress*, Wien, 1892, and Colcott Fox, *Brit. Journ. Derm.*, November, 1895.—T. C. F.

Dr. ROBERT LIVEING. *Rodent ulcer* in a woman, aged 29 years, affecting the left side of the face from the eye to the ramus of the jaw, and of equal diameter vertically. There was a clear history of origin at the age of fifteen, and it "began to trouble her at the age of twenty-two." Since then she has been under treatment. The ulcer and growth were very characteristic.

*Note.*—See Williams on "Rodent Ulcer at age 14," *Brit. Med. Journ.*, vol. ii, 1890, p. 895.

Dr. MACKENZIE. (1) *Psoriasis gyrata* in a man, aged 38 years. This case was brought to show that in psoriasis the eruption may take on the ringed form from a very early date.

(Patient came under care subsequently on more than one occasion with ordinary psoriasis.)

(2) *Peliosis rheumatica* in a man, aged about 35 years. Characteristic case showing hæmorrhages on the legs, buttocks, and fore-arms, with swelling of the feet and ankle-joints.

Dr. SANGSTER. *Lichen planus* of the forearms and legs in a woman, aged about 40 years. The lesions presented the typical violaceous colour, were non-scaly and smooth, and aggregated into large patches, so that hardly any characteristic papules could be made out.

EIGHTH MEETING, APRIL 11TH, 1883.

CHAIRMAN, DR. ROBERT LIVEING.

Dr. CAVAFY. *Ulceration of the face* (result of treatment) in a female, aged 38 years. The patient was shown to the Society at the February meeting. She then had extensive ulceration of the right side of the face of two years' duration. This had completely healed and scarred over, under iodide of potassium internally and iodoform locally. The lower part of the right ala nasi was wanting, the side of the nose terminating by a crescentic border with a concavity downwards. This she said was due to excision (or erosion?) of a nodule, which was the starting-point of the whole disease, and the subsequent application of caustics, to which she attributed the ulceration, which began immediately afterwards. For the history and description of the ulcers, etc., see the previous notes of February meeting.

Dr. CROCKER. *Acquired telangiectases* of the face and neck in a girl (M. F.), aged 7 years. The patient's general health was very good, and there was no apparent cause for the condition, which had begun on the nose two years before. The individual lesions were of a bright red hue, about one-twentieth to one-eighth of an inch in diameter, and were small mottlings, consisting of dilatations of capillary vessels. Some were mere specks the size of a pin's point, others formed a loose network. It affected the whole of the face more or less below the forehead, more upon the left than the right side, and chiefly between the levels of the mouth and eyebrows. It occurred also on the extensor surfaces of the forearms, the back of the hands, but not on the fingers. None of the places had disappeared since they first came, but the lesions had gradually increased in number. Those on the lip appeared a fortnight ago. Those on the arms, which were almost entirely red points, had been there two months. The treatment had been to paint the parts with strong Liq. plumbi subacetatis, and in one week of this treatment the arms had got well.

Dr. COLCOTT FOX. *Congenital capillary nævi* of the blood-vessels of

very extensive distribution, with a large nævoid swelling between the shoulders, in a girl (E. J—), aged 9 years. The nævi consisted of little macules, the size of a pin's head to a finger nail, simulating purpura. They were all congenital and studded the left arm, the trunk, and the right leg. The lump between the shoulders was probably nævoid, and the skin over it was unaltered.

Mr. J. HUTCHINSON. *Sarcoma of the nose* in a woman, aged 64 years, of rather rapid growth. The upper lip and adjoining portion of the cheeks were dense and hard, like ivory. Mr. Hutchinson stated that he had never seen to his knowledge a case of undoubted rhinoscleroma in this country, but thought the case now exhibited resembled the description of it. In many points the growth was too great and rapid.

Dr. S. MACKENZIE. *Verrucæ planæ*. A woman, aged 35 years, with her face covered with pale plane warts. A few occurred on the back of the right hand.

Mr. TAY, by Dr. STOWERS. *Discolouration of the hands*, probably from perchloride of iron.

Dr. SANGSTER. (1) *Tinea trichophytina unguium*. A girl (a laundress) with two nails of the right hand characteristically affected. The fungus was demonstrated. There was no ringworm elsewhere.

(2) *Lupus vulgaris* of one knee-cap in a girl, somewhat simulating a patch of smooth psoriasis. The other knee had been excised for strumous disease.

#### TENTH MEETING, JUNE 13TH, 1883.

CHAIRMAN, DR. P. H. PYE-SMITH.

Dr. ROBERT LIVEING. *Ringed erythema with vesicles (Herpes iris)* in a very pallid, middle-aged woman. The case was almost a complete counterpart of that shown by Dr. Crocker on the same day. The lesions consisted of typical vesicating iris rings on the backs of the hands and forearms, palm, instep, and knee. There was a good deal of herpes of the mucous membrane of the lips, mouth, tongue, and soft palate.

Dr. CROCKER. *Herpes iris*. Middle-aged woman with typical vesicating iris rings on the backs of the hands and forearms, some being large. There was marked herpes of the mucous membrane of the lips, mouth, tongue, and soft palate. Marked recurrences took place generally at the same time of year. ? Rheumatic history.

Mr. WARREN TAY. *A widespread symmetrical neoplastic or inflammatory disease of the skin* of a remarkable character in an old woman. The lesions occupied the poll, the flexor aspects of the body, especially the popliteal, inguinal, axillary, and bend-of-elbow regions, the trunk, and particularly the belly; the scalp, elbows, knees, and buttocks being free. There were some small, fleshy nodules, but the lesions were mostly flat, though raised, with a tendency to become ringed, and they occupied considerable areas, so that in colour, distribution, and general aspect the eruption looked like an inveterate, confluent psoriasis which had undergone hypertrophy. There had been exfoliations of the lesions. They stood out as prominent, fleshy, coppery growths from their first appearance. All treatment, antisyphilitic and otherwise, had proved useless.

The diagnosis of psoriasis or syphilis, modified by drugs such as iodide of potassium, mycosis, lymphadenoma, and sarcoma were discussed, and there was much uncertainty as to the nature of the affection (see July 11th, 1893). Mr. Hutchinson has a drawing of this case.

Dr. STOWERS. *Lupus* (unusual form) in a young girl, with a phthisical family history. On each cheek and on the chin were discrete, but grouped, red stains, or macules, and delicate scars as might be left by *L. erythematosus*. There was no history of any raised eruption.

Dr. DUFFIN. *Lupus vulgaris, or erythematosus*, in a woman, aged 50 years, dating since childhood. The case was brought forward to illustrate the difficulty occasionally found in distinguishing *L. vulgaris* from *L. erythematosus*.

#### ELEVENTH MEETING, JULY 11TH, 1883.

CHAIRMAN, DR. GEORGE THIN.

Dr. STEPHEN MACKENZIE. (1) *Lichen planus* in a middle-aged woman. Disease limited to forearms, wrists, and legs.

(2) *Scleroderma*. A very chronic case, with mutilation of fingers, a consequence of the disease.

(3) *Urticaria pigmentosa* in a boy, who had been watched for years, noticed three days after birth. (Subsequent history published in *Brit. Journ. of Derm.*, vol. vi.)

Dr. PAYNE. *Hydroa bullosum* (Bazin) of the hands and feet. ? Unusual phase of eczema.



Mr. MALCOLM MORRIS. *Scleroderma*, associated with leucoderma.

Dr. STOWERS. *Tinea unguium* of three years' duration, three fingers out of the five affected being cured.

Dr. LEGG. Two cases of *Pemphigus congenitalis*.

See *St. Bartholomew's Hospital Reports*, vol. xix, 1882.

Mr. WALSHAM. *Lupus lymphaticus of Hutchinson* (lymphangioma) of a girl's side, dating from the third month of life.

See Francis, *Brit. Journ. Derm.*, February and March, 1893.

Dr. GEORGE THIN. *Psoriasis hypertrophicus?*, sections from Mr. Tay's case of, exhibited at June meeting. Subsequent history of case unknown.

Quite recently (1900) Dr. Thin handed me some material which he had preserved, and Dr. Arthur Whitfield has prepared some sections, which leave little doubt that the case was one of *Mycosis fungoides*.—T. C. F.

Dr. WALTER G. SMITH, of Dublin. (1) *Drawing of morphea* of left side of face.

*Note*.—Compare with illustration of Mr. Baker's case, *Path. Soc. Trans.*, Lond., vol. xxxii.

(2) *Drawing of abnormal hairs* (moniliform).

*Note*.—See *Brit. Med. Journ.*, vol. ii, 1879, p. 291, and *Brit. Med. Journ.*, vol. i, 1880, p. 654, and short notes of all recorded cases by Wallace Beatty and Scott, *Brit. Journ. Derm.*, June, 1892.

#### TWELFTH MEETING, OCTOBER 10TH, 1883.

CHAIRMAN, MR. MORRANT BAKER.

Dr. MACKENZIE. *Disease of the nails* in a middle-aged man. Believed to be psoriasis, and no fungus found.

Dr. CROCKER. (1) *Feigned disease* in a young man, aged 26 years. The forearms were universally erythematous and darkly pigmented, as if from continual exposure to heat. Several bullæ were present. All the chest was red, as if from mustard applications. The eruption was said to have appeared since the morning. He was seen by a woman rubbing himself with a leather.

(2) *Xanthelasmaidea*, or *Urticaria pigmentosa*, in a female infant (L. N—), aged  $4\frac{1}{2}$  months. When she was born a blister was noticed in the groin. Two or three days later some were detected in the axilla and neck. Then there were none for two to three weeks, when they came out thickly, first on the neck, then all over the body.

They began in groups of reddish-brown papules, the size of a split-pea, with a narrow areola, then a blister formed; the fluid dried up and left a tubercle varying in colour from fawn-yellow to reddish-brown. These subsequently increased in size but did not disappear. *They did not itch* or cause any inconvenience from the beginning. Positions: they were situated all over the face and head, except the vertex; they were thickly distributed on the neck and trunk, palms, and soles, but were not numerous on the limbs, except on the thighs, and there were none at the anus, nor for  $1\frac{1}{2}$  in. round. The patient was a fine baby at birth, but had lost flesh slightly. She was pale but fairly nourished, had a bad cough (bronchitis), snuffled slightly, but there was no sign of congenital syphilis, and the family history was good. There were five children alive; the mother miscarried at the third pregnancy.

See *Clin. Soc. Trans.*, vol. xviii, 1885.

(3) *Lichen planus* in a man (W. H—), aged 26 years. It had begun four weeks previously, without apparent cause, on the leg, and had gradually spread all over. At the time of exhibition it was very thickly distributed on the legs, with only small areas of healthy skin. It was present also on the shoulders, buttocks, and upper arms, more sparsely on the rest of the body and forearms, and only extended half-way down the latter. It itched. The papules were extremely small, and so closely arranged in parts that at first sight it was like a dry eczema. The true nature was most obvious on the flexor surface of the forearms. The general health was excellent. He had had gonorrhœa followed by bubo, but no symptoms of syphilis.

Dr. CAVAFY. *Lupus erythematosus* of the leg below the knee, leaving very much pigmentation, in a woman.

Mr. BAKER. *Leprosy (tubercular)* in a boy, aged 13 years, from Antigua. The face was very much infiltrated, and the arms showed raised, thickened patches; there were none on trunk.

Dr. COLCOTT FOX. *A very severe case of the pustular phase of Lichen urticatus* in an infant, brought to demonstrate that it was the Varicella prurigo of Hutchinson.

*Note.*—For exhibitor's views see *Brit. Journ. Derm.*, 1890, and Clifford Allbutt's *System of Medicine*, vol. viii.—T. C. F.

Dr. SANGSTER. (1) *Alopecia areata*: multiple patches on the forearms, following *Alopecia capitis*.

*Note.*—See a similar case reported by T. Robinson, *Trans. Path. Soc.*, London, 1882, xxxiii.—T. C. F.

(2) *Leprosy*, sections of nerves from a case of.

## FOURTEENTH MEETING, DECEMBER 12TH, 1883.

CHAIRMAN, DR. J. MITCHELL BRUCE.

Dr. CROCKER. (1) *Case of general psoriasis*, showing a very thickly disseminated, generalised eruption, with very slightly raised, small, rosy spots, tipped with delicate scales. (See January 9th, 1884.)

(2) *Xeroderma pigmentosum* in a girl, aged 12 years. The family history was good. The three affected children—two girls and a boy—were brought up by the mother; another child (a girl), unaffected, was hand-fed. The patient was healthy until she was eighteen months old, when the freckles on face and arms appeared. They gradually increased until she was three years old. The growths appeared on the face, and pimples, which seemed to break down into ulcers, were noticed when the patient was about six years old. Present state: The lesions are on the face, forehead, ears, neck, arms, and forearms, and, to a less extent, on the hands and legs. They consist of pigment-spots, like freckles, white, cicatrix-like, atrophic spots and patches, telangiectases the size of a pin's head in places, superficial ulceration on the face, three tumours—one on tragus and cheek as large as small orange. The tumours were removed by Mr. Beck, and the wounds are cicatrising fairly well. The tumours consisted mainly of granulation tissue.

*Note.*—See exhibitor's paper, *Med.-Chir. Trans.* for 1884, with coloured plates.

(3) *Xeroderma pigmentosum* in a girl, aged 10 years (sister of the last case). History: the disease began in this child soon after it was noticed in the other girl, and the history was similar, except that there had been no growths. The lesions were on face and neck, upper extremities, and slightly on legs. They consisted of freckle-like spots, white atrophic spots, vascular spots, and superficial sores, as in the other child. There was also slight ectropion and granular lids. There were no tumours.

(4) *Xeroderma pigmentosum* in a boy, aged 9 years (brother of the other cases).

Dr. COLCOTT FOX. (1) *Xeroderma of Hebra* (drawing made in 1882) of one of the cases shown by Dr. Crocker.

N.B.—These cases were exhibited in 1882 at one of the medical societies in London by Mr. Balmanno Squire as a peculiar form of lupus, and excited much interest. The real nature was then pointed out by me to the exhibitor, who permitted me to secure the drawing and make sections of a growth. Mr.

Hutchinson alludes to having seen this case in his *Archives of Surgery*, January, 1895, p. 6 (footnote).—T. C. F.

(2) *Acquired syphilis* in a boy (R. H—), aged 8 years. A mass of condylomata in the anal region between the folds of the buttocks, of three months' duration. The glands were enlarged and hard, and were the size of almonds, behind the sterno-mastoids, and in the inguinal and axillary regions. The *trunk was covered with stains*, such as would result from a macular syphilide, although the existence of any eruption was denied. Three months before, and just after condylomata began to appear, the patient had a very *sore throat*, and spoke hoarsely. The *glands were enlarged* in neck, and he *looked very white*. There were no signs whatever of inherited syphilis. Eleven children in the family occupied six rooms. The patient slept with two brothers, one aged thirteen years, and one younger. No clue was obtained as to the source of the inoculation.

Dr. PAYNE. *Lichen circumscriptus, vel circinatus, vel annulatus, vel serpiginosus (marginatus)* of Wilson.

*Note.*—See exhibitor's paper, *St. Thomas's Hospital Reports*, vol. xiv, p. 229; also Colcott Fox, Payne, Pye-Smith, and Nevins Hyde, *Brit. Med. Journ.*, vol. i, 1887.

#### FIFTEENTH MEETING, JANUARY 9TH, 1884.

CHAIRMAN, DR. CAVAFY.

Mr. HUTCHINSON, F.R.S. *Morphœa of the leg* in a child, showing the apparent wasting from a non-developed state of the limb (photograph).

*Note.*—Mr. Sympson's case, figured in Mr. Hutchinson's Presidential Address at the Neurological Society, January 28th, 1889, and published in the *Illustrated Med. News*.—T. C. F.

Mr. BAKER. *Syphilide, a variety of the acneiform*, with corymbose or herpetiform distribution. The vesicles were round, and had less base than an ordinary acne pustule. (See also February 13th, 1884, drawing shown.)

Dr. PAYNE. (1) *Acne varioliformis* in a man, aged 23 years. Umbilicated pustules of acne were present in a group on the forehead and side of one cheek, passing up into the hairy scalp for a very little way. There were very definite varioliform scars. The duration was two years, the general health good, and there was no history or any appearance of syphilis.

(2) *Pigmentation of the skin and papillary growths in a man, aged 59 years.* The patient was treated for psoriasis, which he showed in a typical form on the knees, elbows, and forearms, etc. At the same time he showed on the right foot a patch of exudative encrusted eruption, resembling chronic eczema, at the base of the toes. On the inner side of the right ankle there was a large, ulcerated patch, with exudation and very thick crusts, and surrounded by a zone of eczema. By treatment with liq. arsenicalis the psoriasis was improved, and went away completely under application of oil of cade. The eczema of the foot was treated with liq. potassæ and spiritus saponatus followed by unguent. diachyli, and completely healed. When it healed the surrounding parts began to show papillary hypertrophy, which resulted in the pigmented papillary growth now seen. *The skin of the body generally showed hypertrophy and excess of pigment.* The health was remarkably good. There was no history of syphilis.

Dr. CROCKER. (1) *Varicella gangrænosa* in a girl, aged 3½ years. The patient was extremely rachitic. On Christmas week she had an eruption of red spots, chiefly on the body, which became vesicular. On January 2nd, two gangrenous spots, ½ and ¼ inch in width appeared on the forehead. Scabbed spots with red areolæ developed under the right orbit, and an ulcer over the sternum, ¼ inch deep, and about the same diameter. There were several gangrenous spots on the back from ¼ to ½ inch in diameter, and one deep, undermined ulcer ¾ inch by ½ inch. Dried varicella scabs appeared on the lower part of the back. There were no sloughs on the legs, but marked scabs. The nutrition was fair, but the patient was flabby. On January 9th, all the sloughs separated and the ulcers were healing.

*Note.*—See the exhibitor's paper, *Med.-Chir. Trans.*, vol. lxx, 1887, p. 397, "Multiple Gangrene of the Skin in Infants and its Causes."

(2) *Psoriasis universalis acuta* in a patient, aged 45 years. This case was shown at the last meeting, December 12th, 1883, and was now brought down to illustrate the benefits of treatment by residence in the hospital and the administration of R sacchari usti ℞, aquæ ʒj, ter die. No baths or local treatment had been used. The patient was living well before admission, not being a very poor man. There was much pigmentation all over body, which was not there before the psoriasis.

(3) *Prurigo of Hebra*. The patient had been shown before (November 14th, 1883), and was now brought forward to show the benefit of treatment, which had consisted of sulphur baths, alkaline baths, ol. cadini ointment, and, internally, tr. cannabis indicæ.

Dr. SANGSTER. *Leucoplakia*. A very marked hypertrophic condition, with ulceration at one part (epithelioma). (See also October, 1884, case exhibited again.)

SIXTEENTH MEETING, FEBRUARY 13TH, 1884.

CHAIRMAN, DR. RADCLIFFE-CROCKER.

Dr. PAYNE. (1) *Case for diagnosis*. An eczematous-looking eruption of the arms, showing about the wrists a tendency for the vesicles to group in patches, which spread peripherally with a recent border, and thus formed rings. The general opinion was that the case was one of eczema.

(2) *Prurigo in a boy*. The patient came under treatment at the Hospital for Skin Diseases, his limbs being covered with papules and signs of excoriation. The epidermis was also greatly thickened. A later stage of disease was noted on the legs, an earlier on arms. There was intense itching. The hair of the head was coarse, lustreless, and dry. The lymphatic glands in various parts were enlarged. The patient stated that he had had this since he was three months old, and that his mother had told him that it had begun on the head.

Dr. LEES. *Herpes iris (Erythema multiforme)* in a boy. Some thought it was a case of pemphigus in circinate corymbose patches.

Dr. CAVAFY. *Lupus erythematosus* in a woman, aged 60 years (E. F—). The face was affected for eight years, following a slight attack of erysipelas, which left permanent red spots. Since then there has been frequent attacks of severe erysipelas, after which the face had always become worse. There had been ulceration of nose three years. The whole of the nose was erythematous and somewhat swollen, with scanty adherent, greyish scales; the right ala nasi was much eaten away by ulceration, and the left slightly notched. There was a similar affection of eyelids (upper). On the cheeks were a few isolated, small spots, with scanty, small crusts, and the remains of one or two pustules over the butterfly area. The patient was under observation since April, 1883, but no change had occurred. She used

to have frequent pustules on the lupus patches, but none had appeared recently. There was no improvement under potassium iodide.

Dr. STOWERS. *Tubercular leprosy* in a man (W. S—), aged 56 years and 3 months; married, and had lost two children, none surviving. He was born in England, but was in India for seventeen years (from Calcutta to Lahore, through Bengal, a range of 1300 miles), serving in the army. He returned to England in 1866. Four years from this date, or thereabouts, the patient noticed "rings" on the arms. Soon afterwards "lightning" pains occurred while in bed, from the toes to the fingers, and then "numby" sensations along the whole affected surface of all the extremities. Tubercular elevations next became visible, more or less upon the entire body. The ulnar nerves and sheaths were markedly thickened, and there was œdema of the feet. The patient was an army pensioner at Hounslow barracks, and had syphilis in India in 1846, and also gonorrhœa, dysentery, and common fever. The father had never been in India.

Dr. CROCKER. (1) *Psoriasis* in a man, aged 27 years (W. C—). The patient was shown at the last meeting of the society with extensive and hyperæmic psoriasis, affecting especially the back of the hands. He was treated since December 29th with vin. ant. tart.  $\text{m} \times \text{ter die}$ , and no external application except alkaline baths three times a week, and was almost well.

(2) *Elephantiasis Græcorum* in a boy, aged 11 years (H. S—). The patient was born in Barbadoes, and lived there seven years. The disease first began at the age of six as orange-coloured patches on the back and face. The patient's general health was unaffected. The patches lasted about two years and then faded, but fresh ones appeared on the leg. He improved under chaulmoogra oil, but during the last two months fresh patches and tubercles had appeared on the face, but there was no feverishness at any time. The tubercles were limited to the face and knee.

See exhibitor's lecture, *Illustrated Med. News*, August 3rd and 31st, 1889 (portraits).

(3) *Small follicular syphilide (recent)* eruption, like Lichen scrofulosorum, in a girl, aged 12 years (A. M—). The eruption was very like Lichen scrofulosorum on the back and limbs, but not so much so (small squamous patches) on the flexures of the arms, and about the face and forehead. There were ulcers on the tonsils, and the glands

in the groin were enlarged slightly, while the submaxillary and sternomastoid glands were markedly so. There were nocturnal pains in the head, clavicles, etc. No sore occurred on the vulva, and there was no evidence of how infection had taken place. The mother had been ill for six weeks, and for the last two had had an eruption like chicken-pox. The exhibitor had since heard that she was suffering from a disease which she contracted from a nurse-child, aged 3 weeks, which, from the description, was evidently congenital syphilis.

Mr. J. HUTCHINSON. (1) *Malignant growths* connected with scars on the hands.

(2) *Arsenic eruptions*. Coloured drawings of.

*Note*.—See *Path. Soc. Trans.*, vol. xxxix, and Hutchinson's *Archives of Surgery*, vol. ii, pls. xviii, xix, xx.

Dr. BARLOW. *Psoriasis? or pityriasis rosea?* in a child. It was probably a case of the acute psoriasis sometimes seen in children, which is localised to the trunk, or leaves free the elbows and knees. The patient was very dyspeptic, had ringed tongue, and eczema of scalp.

Dr. COLCOTT FOX. *Lichen scrofulosorum* in a child. The eruption was mostly in circumscribed patches, but some were disseminated on the trunk. There was hardly any itching. The duration was five years.

Mr. CLINTON DENT. *Perforating ulcer of feet* in a woman, aged 57 years (E. E—). The patient stated that her maternal grandmother had feet similarly affected. Her mother died, at eighty, of some "nervous disease." She had six brothers, five still living. One brother died of phthisis at fifty-eight. His feet were affected in the same way. One living brother at fifty also has the same affection of the feet. About thirty years ago a condition, which seems to have been "perforating ulcer," appeared in one of the patient's feet. A few years later the other foot became similarly affected. The disease began in the normal situation of perforating ulcer, and followed a not unusual course in leading to necrosis of the bones of the foot. There was no anaesthesia of the feet and legs at first. This symptom, so common with perforating ulcers, seems only to have been noticed for about ten years. The disease progressed symmetrically after it began in the second foot. The bone comes away in sequestra of considerable size. Neither the patient nor any of her relations have ever



lived abroad. Ulcers of a similar nature occur in anæsthetic leprosy ; but the fact that the patient has never lived abroad, that none of her relations or ancestors have ever lived out of England, and the duration of the disease, seem to contradict M. Poncet's assertion that the two conditions " *Lepra mutilans* " and " perforating ulcer " are the same.

(To be continued.)

## REVIEWS.

### SYPHILOLOGY AND VENEREAL DISEASE.\*

THE publication of Marshall's book on syphilis and venereal disease comes at an opportune time. Since the work of Berkeley Hill and Arthur Cooper, written about twenty-five years ago, there has been no important systematic treatise on this subject published in England, with the exception of reprints of American works or translations. But during the last few years great advances have been made in syphilology, which may be said to have culminated in Fournier's conception of parasyphilis, the discovery of the *Spirochæte pallida* by Schaudinn and Hoffmann in 1905, and the successful experimental inoculation of monkeys with the disease by Metchnikoff, Roux, Neisser, and others. These discoveries have awakened a new interest in the pathology and therapeutics of syphilis.

The position which the author takes up with regard to the spirochæte being the pathogenic microbe of syphilis, and which may be said to form the basis of his description of the disease, is that " although this organism has not at present been cultivated, and cannot, therefore, fulfil the postulates of Koch to prove its pathogenic nature, it has been found sufficiently frequently in syphilitic lesions to justify the assumption that it is the specific microbe of syphilis, and for the present may be accepted as such." In Chapters II and III, which deal with the general pathology of the disease, several recent observations on the spirochæte are referred to, which considerably modify various previous conceptions with regard to the disease : for example, the discovery of the microbe in gummata, showing that the gumma might be contagious ; the fact that Levaditi has detected the spirochæte in the renal epithelium and various other organs in congenital syphilis, showing that the normal secretions—such as the urine—may be contagious ; and the discovery by Finger that the semen can cause infection by experimental inoculation in monkeys. Reference is also made to the observation of Castellani, showing the presence of a spirochæte in yaws, which Schaudinn reported as being indistinguishable from the *Spirochæte pallida* of syphilis. On this account Marshall suggests the possibility of yaws being a form of tropical syphilis. Still, it must be remembered, as opposing this view, that tropical syphilis is the same disease as syphilis of temperate zones, only modified by

\* *Syphilology and Venereal Disease*. By C. F. MARSHALL, M.D., F.R.C.S. London : Baillière, Tindall and Cox, 1907. Price 10s. 6d. net.

climatic conditions, bad hygiene, and want of proper treatment, and that the most marked peculiarities of it are probably the greater prevalence of the extra-genital chancre, and a tendency for the disease to run a precocious and fulminating course, with the early occurrence of serpiginous ulceration destroying large areas of tissue, and resulting in severe contracture and disfiguring scars. Such lesions are less like those of yaws than the hypertrophic, so-called frambœsiform syphilide, which is occasionally met with in temperate climates. In the absence of the successful cultivation the fact that the spirochæte found by Castellani in yaws was recognised by Schaudinn as morphologically similar to, if not identical with, the *Spirochæte pallida*, is far from being conclusive evidence of the identity of the two diseases. For, after all, are not the tubercle bacillus and Hansen's lepra-bacillus almost indistinguishable microscopically? In describing the granuloma of syphilis Marshall has here and there substituted the name "plasmatic cells" for plasma-cells. The reason for this change in nomenclature is not obvious. The term plasma-cell, though undoubtedly a confusing one, is now fairly generally accepted, and to substitute a new one would only increase that confusion. The first nineteen chapters deal with acquired and congenital syphilis, the remaining eight are concerned with the consideration of gonorrhœa and soft change. An appendix is added, in which the methods of staining the spirochæte and the gonococcus are described, and the formulæ for the various preparations in use in the treatment of venereal disease are given.

The descriptions of the diseases as a whole are excellently done, and the book should prove of value to student and practitioner alike.

J. M. H. M.

#### CLIMATOTHERAPY AND BALNEOTHERAPY.\*

THIS, the much-enlarged third edition of *The Mineral Waters and Health Resorts of Europe*, has done more than change its title—it has been very materially widened in its scope and fills a distinct gap in the resources of the physician who wishes to recommend a health resort of which he is personally ignorant. The book has been brought well up to date, as is evident by its reference to the quite recent theories of the adjuvant effects of radio-activity in several well-known mineral springs, such as, for example, the "alum spring" at Aix-les-Bains. This edition is divided into three parts: (1) climatology, (2) balneotherapy, (3) indications for treatment, and contains a particularly full and useful bibliography. The part played by these methods of treatment in dermatological practice is necessarily restricted, and only four pages of the 744 of the book are directly devoted to the indications for treatment in skin-affections. The authors shrewdly point out that the greater reputation which balneotherapy formerly possessed in skin-affections was due to the curative effects exercised in the treatment of parasitic diseases, such as scabies and seborrhœic eczema which are now treated more expeditiously with local unguents. In the treatment of psoriasis at Loèche-les-Bains, prolonged maceration in the hot baths of that spa is combined with anointing the body with chrysarobin; at Aachen, at Luchon, and at Aix, the sulphuric waters are used in conjunction with anti-syphilitic

\* *Climatotherapy and Balneotherapy*. By Sir HERMANN WEBER, M.D., F.R.C.P., and F. PARKES WEBER, M.D., F.R.C.P.

treatment, and it is difficult to say what proportion of the good results are due to the waters alone. The authors are rightly sceptical as to the efficacy of the lowly-mineralised arsenical waters, taken internally, of places such as Mont Dore, where the ratio of arsenic is '001 per mille, and their cautious restraint is eminently calculated to render more impressive their commendation, when this is whole-hearted.

A feature which it might have been convenient to include in a book so well adapted to act as a guide for the practitioner is absent, as a rule, even from the detailed descriptions of individual health resorts—namely, some indication of the expensiveness or otherwise of following the “cure”—questions which are always raised by the patient, and which the physician has usually much perplexity in answering. Those of us who were present at the Paris Congress in 1900 will recall the detailed treatment of the French spas in a book presented to each member of the Congress. In this work a very useful addition was a practical indication of the cost of living at each of the health resorts considered.

A welcome innovation in the new edition is the greater attention paid to English health resorts. The lack of luxury and often even of comfort in the installation of many of the most famous Continental resorts, compared with some of our English centres, such as Harrogate, is very striking to one who has visited them in turn. The work, as a whole, forms an extremely valuable, reliable, and compendious guide, written with a wise temperance and always with competent and first-hand knowledge of the places described.

E. G. L.

## CURRENT LITERATURE.

**ON THE PATHOGENY OF BROMIDE ERUPTIONS.** PASINI. (*Ann. de Derm. et de Syph.*, January, 1906, p. 1.)

A TYPICAL bromide eruption appeared in a woman, aged 25 years, three days after taking doses of 15 to 30 grains per day, which had been prescribed for dyspeptic conditions. The eruption disappeared with the omission of this drug, to return with its resumption. The pustules were examined bacteriologically, with a negative result; no bromine was found in the contents of the pustules, tested by Guttman's method, but bromine was found in the urine both during the dosage, and in diminishing quantities for a month after it had been omitted. The thyroid gland was notably enlarged and albuminuria was present as the result of this ingestion of bromine. In a later attack the skin-eruption persisted for nearly two months after the drug had been stopped. Pasini considers the enlargement of the thyroid explicable on the ground that the gland contains normally iodine and bromine, and has “a great affinity” for these elements. The enlargement subsided with the symptoms of intoxication.

The histology of a papulo-pustular vegetative lesion was investigated and found to consist of a collection of leucocytes in the epidermis—cavities lined by epidermal cells and filled with leucocytes—or in the corium. There was no apparent special association of these masses of leucocytes with any of the glands or appendages of the skin, but there was an association with the blood-vessels;

there was much œdema of the corium, with the formation of new connective-tissue cells and the destruction of elastic fibres and collagen. In addition to these findings, which have repeatedly been recorded in such cases, Pasini claims to have demonstrated, in certain of the connective-tissue cells in the walls of the capillaries, which he proposes to call "œcumophagocytaires" in translation of "Schaumphagocyten," the property of ingesting leucocytes and exerting phagocytic action, which he considers as so far pathognomonic of bromide eruption.

In explanation of the failure to find bromine in the pustules which all experimentors except Guttman have experienced, he demonstrated by a laboratory test that bromine enters into combination with albumen, and is then undetectable by the ordinary methods of establishing its presence. In solution of the question what excites these collections of leucocytes seen in the sections of a bromide pustule he saw reason to exclude the agency of micro-organisms, and to conclude that free bromine, in contra-distinction to its salts, exerts a powerful positive chemotaxis on the white blood corpuscles. From this position he concludes that what constitutes bromide poisoning is the setting free of bromine from its salts by some agency in the blood, and he suspects, on the bases of researches made by Féré, Voisin, and others, that a diminished chloride content is the exciting cause of this reaction. The arguments are exceedingly well worked out, and the paper constitutes an advance of our knowledge on the subject. It is illustrated by three excellent plates.

E. G. L.

#### ACUTE CIRCUMSCRIBED ŒDEMA OF THE SKIN AND MUCOSÆ.

MORICHAU-BEAUCHANT. (*Ann. de Derm. et de Syph.*, January, 1906, p. 22.)

THREE varieties of acute circumscribed œdema are considered: (1) Arthritic œdema, (2) "peliosis" œdema, (3) Quincke's œdema.

In the first, seen chiefly in rheumatism, the œdema may be either in the form of subcutaneous tumours, dispersing and reappearing, or in the form of white patches which do not pit on pressure, and which come and go with great rapidity.

In the second type, which corresponds with "exanthematic purpura" ("peliosis rheumatica"), there is hæmorrhage as well as œdema.

In the third type—Quincke's disease—the skin and mucosæ are affected; the colour of the skin is not altered. The face is most often concerned, and the tongue, fauces, or uvula swollen as well. The larynx is frequently involved, and this development may prove fatal. Gastric complications are the rule, with the symptoms of vomiting, colic, and diarrhœa.

All three types of circumscribed œdema described above have close relations with one another, and probably all are due to toxic infection derived from the alimentary canal. Milk diet and aspirin are recommended in the treatment.

E. G. L.

#### TREATMENT OF SYPHILIS "PER RECTUM." AUDRY. (*Ann. de Derm. et de Syph.*, March, 1906, p. 231.)

In a previous article (*Ann. de Derm. et de Syph.*, 1905, p. 793) Audry showed that suppositories of grey oil were a useful means of treatment, efficient, and well-borne. He resumes the subject with details of thirty new cases in which he has used this method. The suppositories contain from one to four centigrams of mercury. Audry used a suppository containing three centigrams which was

introduced daily (at night) for one month, then intermitted for five days and recommenced. No accidents from the result of this treatment occurred. The method seemed particularly advantageous for cases of syphilis of the anus, genital and bucco-pharyngeal regions. Audry does not claim that the action is as energetic as in the case of intra-muscular injections, but he considers these are called for only in urgent cases and that the rectal method is at least as efficacious as mercurials taken by the mouth, to which it is preferable in cases where dyspepsia results from that form of medication; and it seems particularly useful in syphilis of children.

E. G. L.

**ON A CASE OF PAGET'S EPITHELIOMATOSIS, WITH PIGMENTATION. A THEORY OF CANCER OF THE BREAST. AUDRY. (*Ann de Derm. et de Syph.*, June, 1906, p. 529.)**

A CASE of cancer of the breast, originating with Paget's disease of the nipple, in which there were several pigmented areas from which the disease appeared to grow, has led Audry to hazard the hypothesis that, inasmuch as Paget's disease begins in the nipple, and the nipple is usually pigmented, this form of epithelioma is in reality a nævo-carcinoma, the nipple playing the rôle of a nævus. He adduces the occurrence of supplementary nipples, in the form of soft pigmented "nævi" in the line of the mammæ, to confirm his statement that the nipple and mammary glands are to be regarded essentially as "a histological nævo-carcinoma in Unna's sense," a conclusion which, indeed, "surprises by itself."

E. G. L.

**A CONTRIBUTION TO THE STUDY OF PAPULO-SQUAMOUS TUBERCULIDES. CIVATTE. (*Ann. de Derm. et de Syph.*, March, 1906, p. 210.)**

THIS work commenced with the study of some cases in Brocq's clinique, to which that teacher gave the name of Parapsoriasis in 1902. Civatte recognises two types of lesion as being the mark of this affection: (1) an erythematous-squamous macule, of a light pink colour, which passes usually into (2) what he calls the adult lesion—the papulo-squame. In these later cases, in which some of the lesions were quite typical of parapsoriasis, and which were so described by Brocq, histological examination of the earlier lesions showed, quite unexpectedly, a tubercular architecture, which in one of the cases was recognised by Darier as identical with his "Sarcoïde cutanée," which he classifies as a tuberculide. Bacilli were in all three cases looked for but not found. In two of the patients physical signs of phthisis were present; in the third the patient was free of this disease, but the mother had died of it. Parapsoriasis, then, would seem to be "an atypical tuberculosis of the skin," and comparable to pityriasis rubra or "Erythrodermia exfoliativa universalis tuberculosa."

Four histological plates are included in the text.

E. G. L.

# THE BRITISH JOURNAL OF DERMATOLOGY.

MAY, 1907.

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## COLOUR AND DISEASE.

*A Contribution to the Art of Cutaneous Diagnosis.*

By **LESLIE ROBERTS, M.D.**,

*Lecturer on Dermatology in the University of Liverpool; Physician to the Skin-Department of the Liverpool Royal Infirmary; President of the Dermatological Society of Great Britain and Ireland.*

I HAVE often asked myself whether it is possible to place the art of diagnosis on so firm a basis as to banish all uncertainty from the mind of the Dermatologist. I have felt the need of this most acutely when baffled by a difficult case. This uncertainty is not the uncertainty of the novice. It may arise to perplex the observer after long years of service, when he has grown grey in the study of Dermatology. Dermatologists, not rarely, disagree, and may differently interpret a complex eruption. That uncertainty must, of necessity, arise in cases which depart from their type in their mode of expression, or in the coincidence of eruptions derived from widely different sources, we must all admit; but these atypical cases do not blind my eyes to the fact that there is a spirit of revolt in the air—revolt against tradition, the tradition of Willan, of Bateman, and those old heroes of dermatology—Cazenave, Biett, Bazin, Hebra, Devergie, Hardy, etc. Now, revolt is not always a sign of intellectual advancement. For instance, in the art of painting, revolt against the traditions of the great masters was the starting-point of a decadence whose baneful influence yet prevails. But Willan himself revolted. His treatise of 1808, indeed, his epoch, I may say, was characterised by a bold omission of superfluous and irrelevant matter from the teachings

of the Greek and Arabian physicians. He set himself to write a book which should be based on observation, and he refused to class diseases on hypothetical principles. There must have been great force of truth in the teaching of Willan, for it has had a profound influence on the growth of dermatology. Some thirty years later the teaching of Hebra began its mission; but then the light of Pathology was on the horizon, and the work of omitting went forward against loud protests; and so the whole history of Dermatology may be marked out into stages, each of which is remarkable for its omissions; every addition of positive fact has been balanced by a deletion of something from the old teaching.

Much in the teaching of Hebra is immortal, it is hippocratic, for it stands on the basis of observation, and he was a man whose refinement of perception has never been surpassed, if, indeed, equalled. The doctrines of Hebra still rule the dermatological world, but it is impossible to mistake the signs that revolt is once more astir. It is the hitherto impregnable citadel of the primary and secondary lesions that is now being assailed. Török, in his latest work,\* boldly omits them altogether. In his description of lichen, the word papule finds no place. Brocq, in *La Pratique Dermatologique*, in the article on "Eruptions," warns his readers against trusting too much to them.

\* *Spezielle Diagnostik der Hautkrankheiten*, 1906.

#### EXPLANATION OF FIGURES.

FIG. 1.—The three stages of psoriasis are shown: first, isolated spots; second, the spots approach and touch; third, the conjugation of the spots in which the lines of growth cross, blend, and mutually assist in building up greater patches or masses. Note also that a portion of the originally free spots remain free and do not fuse with the main mass.

FIG. 2.—In syphilis the lines of growth are remarkable; the individual spots draw together in lines (see p. 160), but as they touch the lines of growth mutually repel each other.

FIG. 3.—The lines of growth here represented are characteristic of that class of disease which embraces impetigo and seborrhœic eczema as its extreme forms and pityriasis as its middle or typical form. The lines of growth may be seen to form lateral buds or minor spots in a way which suggests the budding of yeast; hence the name "saccharomycetiform."

FIG. 4.—The lines of growth of true eczema differ from all the preceding. The individual spots, varying in size and other qualities, approach, and their lines of growth cross, blend, and assist in building up masses, but, unlike psoriasis, these masses are concentrated towards their centres and attenuated at their margins, at and around which the free individual spots are always to be seen.



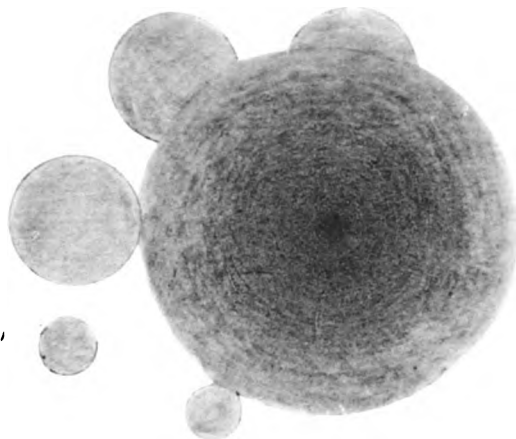
**Fig. 1.**  
*Showing the lines of growth of Psoriasis.*



**Fig. 2.**  
*Showing the lines of growth of Syphilis.*



**Fig. 3.**  
*Showing the saccharomycetiform lines of growth of Impetigo, Pityriasis, etc.*



**Fig. 4.**  
*Showing the lines of growth of Eczema.*

*See explanation of Figures.*

*L.R. del.*





Hebra did that too, but the doctrine has been passed on from one generation to another by an army of faithful scribes, translators, copyists, and authors, none daring to depart from the teaching of the great Master.

Török, in the work quoted above, says that we can distinguish two phases in the clinical diagnosis of cutaneous diseases: first, the determination of the morbid anatomical changes; and secondly, the diagnosis of the disease as a whole, which includes the origin, course, and mode of termination of the anatomical changes. He lays special stress on the importance of determining the seat as well as the nature of the morbid pathological changes which underlie the eruption. Thus, a scaly eruption is to be regarded as a sign of a change in the cornification of the epithelium, while hyperæmia is the sign of a vascular reaction. The symptoms denoted by the term *Lichen simplex chronicus* of Vidal, are to be regarded as signs of a reactive hyperplasia of the epidermis and the papillary layer, and so on. Now, no Dermatologist will take exception to this. The book is written on broad philosophical lines, and it is a much-needed protest against narrow and unnatural systems of classification; but I fail to see in the book any real advancement in the art of diagnosis—I do not think that anyone would diagnose more easily and more readily after reading it. The system I aim at attaining is one which will enable us to decide instantly and without hesitation the class to which any eruption belongs. It begins by assuming that all the signs requisite for diagnosis are manifested on the skin. In this system the so-called primary and secondary lesions are regarded merely as verbal epitomes of certain general pathological conditions. For diagnostic purposes they are worse than useless—they are positively misleading—and hence in the present system they are entirely discarded. In a word, this system aims at training the eye to differentiate in every eruption the essential from the non-essential. For, while every mark on the skin has its pathological equivalent, yet they are not all of the same significance from the diagnostic point of view. To reach this standpoint it will be necessary to make a digression from the well-worn path followed by the text-book writers, and for this I must reckon on the patience of the reader.

The skin is distinguished from the concealed organs of the body

by its relation to light. It is illuminated by the rays of the sun, and like all natural bodies, in themselves not luminous, it shines by borrowed light. In respect of this relation to light the skin is distinguished from other natural bodies, as these are distinguished one from another, by the amount and the quality of light which it reflects and emits. This fact, obvious though it be, imposes on us the necessity of employing light in the investigation of cutaneous diseases. It requires us to learn an altogether special form of symptomatology. Diseases of the skin are manifested by colour and form. Since colour is so closely connected with diseases of the skin it seems a somewhat curious omission that the science of colour has never been included as an essential part of dermatological teaching.

In the following system I shall endeavour to include the science of colour, and in so far as it is a system this is one of its distinctive features. My students are taught from the beginning to perceive in every eruption the three constant properties of light—namely, hue, purity, and luminosity—and to connect these with the different material conditions of the skin. I propose now to show how this teaching bears on the diagnosis of disease. An eruption may be compared to a picture, and is composed of various coloured patches. Let us imagine that we have before us an eruption—we will suppose it to be a subacute eczema—and let us look at it as if it were a mere display of the properties of light. We perceive various shades and tints of red—some parts are more luminous than others, certain areas exhibit a blue hue, others a tint of yellow, while some patches are dark. Now this play of variegated colours is an absolutely reliable and exquisitely delicate analysis of the skin. We only require to know the pathological equivalents of these hues and other properties of light, and we are at once able to read into the eruption the exact morbid conditions of the skin. In addition to hue, light has two other constant properties, namely, purity and luminosity. Hue may be defined as colour *per se*. By purity of colour is meant hue unmixed with white light, and by luminosity we understand the intensity of white or coloured light in a given area. There are two other terms of which frequent use should be made in the description of eruptions, namely “tint” and “shade.” By tint we understand the modification of any hue by the addition of white light, and by tone we mean the modification of white or coloured light by the addition of shade

or darkness. If we examine attentively any portion of skin—say the palm, in perfect health, we perceive that the properties of light are manifoldly affected; not the smallest area displays uniformity of light in respect of hue, purity, or luminosity. There is a constant gradation from more red to less red; the admixture of blue rays with the red increases or diminishes as the eye moves from one part to another. Again, some areas reflect more white light, and are remarkable for their luminosity. Now the explanation of this is easy if we remember that the aspect of the body depends on the material state of the epidermis. Of the light which falls on the epidermis a part is at once reflected unbroken as white light, another portion enters and is absorbed by the germinal membrane, a third part passes through the epidermis into the capillary region, and there suffers absorption of all its constituent rays except a portion of the red and blue, and these are reflected from the capillary walls and emerge again from the epidermis, where they mix with the white light reflected from the surface. It depends on the condition of the epidermis whether much or little light is permitted to enter the capillary region. In a state of health the rays emitted from the capillary region are sufficient to impart to the eye, when blended with the white and yellow rays of the surface, that complex impression we call complexion. It is neither red, nor blue, nor white, nor yellow, but a subtle mixture of these components. But should the epidermis be moistened, if its density be increased, if it becomes more homogeneous, if it be thicker or thinner than normal, in short, if it deviates in the minutest degree from the normal—then the properties of light suffer a corresponding change. We have only to learn by experience to connect every variation of hue, tint, and shade with the corresponding material state of the skin and we shall possess the faculty of reading eruptions. So extraordinary is the physical diversity of the epidermis that it would be difficult to cover with the head of a pin a perfectly homogeneous area, and this, which no microscope could reveal, is at once manifested by the changes in the quality of the light reflected and emitted from the skin. Where the epidermis is stretched and smooth light is reflected as, approximately, from a mirror, and these areas appear burnished. Where the epidermis is thicker the red light becomes paler, being more diluted with white rays reflected from the surface. Along the creases there is a marked diminution in luminosity,

and an increase in the purity of the blue-red rays, answering to the thinner texture of the epiderm in these situations, which permits a larger proportion of light to enter the capillary region. I will not enter too minutely into the analysis here, but merely mention the shade which appears over the tips of the fingers, which is very remarkable when the hands are viewed through blue glass, and the change in the complexion of the skin as it passes over the joints. These facts, on which is built up the symptomatology of cutaneous diseases, may be summed up in what we may call, perhaps not inaptly, the *first law of eruptions*. EVERY CHANGE IN THE TEXTURE, DENSITY, AND OPACITY OF THE SKIN IS REVEALED BY A CHANGE IN ONE OR MORE OF THREE CONSTANT PROPERTIES OF THE LIGHT WHICH IS REFLECTED AND EMITTED FROM IT. Therefore the chief aim and bent of a natural system of diagnosis (as opposed to the artificial system taught by the text-books) should be to perceive and note the exact hues, tints, shades, as well as the luminosity of the light reflected and emitted by the healthy and diseased skin. The next step is to connect these qualities of light with the altered texture of the epidermis and underlying tissues. But it should be carefully pointed out to the student that this art of reading certain pathological meanings into the eruption is not a matter of perception, but one of experience. And one of the most difficult things in this art of diagnosing is to keep inference clear from perception.\*

But the symptoms of cutaneous diseases embrace a much wider field than the perception of colours. However delicate our powers of perception may be, they would never of themselves, unaided by special experience, guide us through the difficulties of diagnosis. For an eruption is but the visible part of an orderly succession of events, therefore it must be *connected* with something before we can arrive at a diagnosis. To look on an eruption as a thing standing alone is to see merely coloured patchwork.

The entire field of diagnosis embraces four orders of facts :

- (1) The changes in the quality of light reflected and emitted from the skin.
- (2) The lines along which the eruption is distributed.

\* It is a lamentable fact that most students in the final year of their curriculum have acquired but little power of perception, and they habitually mix the facts of perception with those of inference.

(3) The governing lines of growth of the spots and patches.

(4) The relation of the eruption to the individual.

I propose now to deal briefly with these four orders, and to show their bearings on Diagnosis.

# I. THE PROPERTIES OF LIGHT AND THE RELATIVE SHARE OF INFLUENCE OF THE DIFFERENT TISSUES OF THE SKIN IN THE PRODUCTION OF COLOUR.

It has already been stated that an eruption is a display of various hues, tints, and shades usually occurring in spots and patches. Now the student should be taught from the outset of his studies to connect each hue, tint, and shade with its textural source. The share taken by the epidermis in the production of these cutaneous pictures is very great. While it is capable of adding certain colours of its own it acts rather as a controller of the aspects of the body, partly by tinting or shading the hues which are emitted from the deeper layers, and partly by scattering or absorbing the light and so reducing the number of coloured rays. If the pure colours of the spectrum be compared with the hues displayed by the skin they will never be found to correspond. The cutaneous hues are either whiter or darker\*—that is to say, they are either tinted with white light or shaded with darkness. Now this is the work of the epidermis. The tint and the shade answer with marvellous precision to the state of the epidermis. And if our system of diagnosis were perfect a scale of tints and shades of the primary colours, red, blue, and green, would be accurately reproduced in enamel, and opposite to these tints and shades would be registered the corresponding state of the epidermis. By such a system of colour standardisation a series of enamels could be prepared and would be in the hand of every Dermatologist. In describing any eruption he would report that the red was of this or that particular tint, that the yellow was of this or that particular shade, and so on. In this way we should possess a scientific and absolutely reliable analysis of the state of the epidermis in any recorded case. Of course it is presumed that the observer is not colour-blind and that his powers of perception have been refined by special training. Some of the conditions of the epidermis which change the normal modification

\* They are more than this, for the cutaneous hues are compound colours due to the blending of various coloured rays.

of the primary colours are easily recognised, others are more obscure. If we examine minutely any portion of the surface of the skin, say that of the wrist, we shall perceive it to be composed of a mosaic of minute spaces which shine—that is to say, the surface of these spaces being smooth and polished the light is regularly reflected, as from a mirror, only less so. Now, no healthy skin shines over large areas; when it does so it is a sign of deviation from normal conditions. The shining of the surface is prevented by each polished facet being surrounded by a groove which emits a dull red light. The burnished aspect of these mosaics is due to the stretching of the epidermis between the down-growing ridges. The opposite of this condition, namely, the un-stretching or loosening of the horny epiderm constitutes the simplest pathological condition which modifies the reflection of the light. This exfoliation or desquamation of the epiderm, which is clinically met with in pityriasis and psoriasis, etc., has the effect of scattering the rays of light and thus increasing the luminosity of the affected area. This happens precisely in the way in which blue and green hues are replaced by luminous white light when a wave breaks into foam. In a patch of psoriasis what at once strikes the eye is the heightened luminosity, or brightness, of the light reflected from it as compared with the unbroken skin.\* It is this that we see why should we not have some term to accurately represent what we do see as distinct from what we infer to be the cause of it.

The accumulation within the texture of the epidermis of the fatty products of the sebaceous glands has great influence in modifying the reflective powers of the epidermis. These fatty bodies impart to the skin a yellow tint, and at the same time lower the luminosity of the surface by permitting a larger number of rays to penetrate the epiderm. In some persons suffering from seborrhœa the absorption of light is so great that the face looks earthy. Dull tones of yellow are then to be regarded as indicating the presence of fat in the epiderm. If the yellow tint is bright, and if mixed with much white light, the hue must be traced to another source.†

\* The books usually describe a psoriasis lesion as silvery scales on a hyperæmic base. This description is both unhappy and inaccurate, first because we do not see scales, and secondly because the light is scattered and not regularly reflected as from the surface of silver.

† Probably a parasitic source, such as favus, or a new growth in the cutis, *e. g.* xanthoma.

The germinal membrane is specially related to light, and under the prolonged action of the sun's rays a separation of melanin granules occurs in the cytoplasm of these cells. In proportion to the quantity of melanin formed, so is the amount of light capable of being absorbed. The freckle, or so-called pigment spot, is a spot of relative darkness or the absence of light; a few of the red rays are emitted and confer on the spot the brownish-yellow hue characteristic of freckles. The germ cells may be regarded as light-filters, and it is possible that on account of this important function they are arranged so that the rays of light shall pass through their long axis so as to obtain the maximum amount of absorption.

The influence of the depth or thickness of the epidermis in modifying the qualities of light is beautifully seen in an Eczema rubrum which has begun to heal. The areas devoid of epithelium present a deep, almost saturated, red hue. This hue is not the pure spectral red, but a compound hue composed of red and blue rays, and is best represented among pigments by lake carmine mixed with a small quantity of white.\* It is the nearest approach to pure saturated colour presented by the skin. The local colour of the epidermis is blue, and as the thin epiderm begins to creep over the deep-red area, a bluish-white hue becomes visible.† The influence of the gradually thickening epiderm is seen by the modification of the red hue which passes through a series of tints, becoming paler and paler as more and more white light is reflected from the surface of the growing epiderm. As the eye wanders over the patch of eczema every tint of red may be perceived, and if the observer has trained his eye to detect these variations of colour, he has a perfect test by which he can accurately gauge the thickness of the epidermis. Moreover the tint of red will determine the line of treatment to be followed. It is important to notice, as a logical corollary of these facts, that redness is not always to be interpreted as signifying hyperæmia. The mere thinning of the epiderm is sufficient to permit a larger number of rays to pass into the capillary region, and, consequently, of coloured rays (red and blue) to be emitted and reflected to the eye.

The *translucency* of the epidermis is affected by many conditions.

\* It is fairly accurately represented by No. 2 lake carmine pastel.

† A blue tint is the standard of health in the scalp; students should be taught to recognise this fact and to connect it with perfect keratinisation.



When water is imbibed by the horn-cells from without, the epiderm becomes more opaque and, at the same time, whiter, as, for example, in washerwomen after a day's work. The degree of translucency is influenced by heredity, and this quality is characteristic not only of individuals, of families, but of races also. The more homogeneous the layers of the epiderm are, the more are they translucent, and the more light penetrates into the capillary region. In seborrhœa the epiderm becomes more homogeneous, inasmuch as the contrast between the refractivities of the different layers is softened and gradated by the presence of the fat. Hence the darkening of the tone of the complexion, which is noticeable in all seborrhoic persons. The same phenomenon may be observed by simply smearing the skin with oil which has the effect of suppressing a large number of the white rays which are normally reflected from the surface of the skin. For the same reason if oil be smeared over a patch of eczema the colours become deeper.

But this homogeneousness and translucency of the epiderm is a feature of certain diseases. It is highly characteristic of the granulomas, lupus, syphilis, mycosis fungoides, etc., and I think we hardly lay sufficient stress on it. The hues of syphilis and of tubercle are characterised by their low tones, due to the absorption of light. In lupus, especially when the epiderm is thin, the translucency is so great that the various hues of the cutis can be distinctly perceived.

*The capillary region.*—The most forcible of the hues of the skin are derived from this region, and consist of red and blue rays, mingled together in varying proportions. As already stated, pure red is not met with in any normal or morbid state of the skin. The red hue most frequently found is a tint of lake carmine. A crimson colour is rare, and is usually associated with a growth of new capillaries. Compare, for example, the hue of *Angioma serpiginosum*. The coloured rays emitted from the capillary region are always modified by the rays emitted from the epidermis itself, and by those reflected from the external surface; hence the tints and shades of red, when regarded as diagnostic evidence, point rather to the condition of the epidermis than to that of the blood. Exception to this must be taken when the blue rays are forcibly present, for this must be connected with the reduction of the hæmoglobin.

*Hues referable to the cutis.*—Under conditions of health it is

doubtful whether any rays are emitted from the cutis except those derived from the superficial veins and capillaries. Under pathological conditions certain compound hues of low luminosity and certain shades appear. The student should always be taught to connect fold-shadows with the cutis, and by this sign he may instantly distinguish true eczema from chronic dermatitis. The hues of the granulomas are complex, but they are all alike in their low luminosity. The hue of the lupomes is a shade of orange, which, for want of a scientific standardisation of colour, we roughly compare to apple-jelly, barley-sugar, or to amber. The most remarkable feature about the colouration of lupus, of syphilis, and the other granulomas is the relative large amount of light which is quenched by the morbid tissues.

*The colours of exudates.*—For the sake of completeness this is the place to consider the colours of exudates, but to do justice to the subject would require an article to itself. I will merely mention in this paragraph that the quality of light reflected from exudates varies according as the exudate is retained within the tissues (vesicles, bullæ), whether it is free (scale, scab), or whether it is incorporated with the native tissues (granulomas); and, further, that the most remarkable feature in the light quality of vesicles and bullæ is not colour, but luminosity. When bullæ are remarkable for colour it indicates that some unusual element has entered into the pathology of the disease.

From the standpoint of the physician an eruption implies far more than a mere display of hues, tints, and shades. The perception of these, however, constitutes the first and essential step towards a mastery of diagnosis. But when we proceed to study eruptions with a view to a comprehensive diagnosis we have to call to our aid other faculties of the mind. We have to *force* ourselves to regard the spots, patches, and masses, which, to the "innocent eye," look like coloured spaces, as things which are alive and moving, things which have governing lines of growth, and which are distributed along certain characteristic lines of action.

## II. THE CONDITIONS GOVERNING THE DISTRIBUTION OF ERUPTIONS.

So far as I can see now there appear to be four easily recognisable

conditions which govern the distribution of cutaneous eruptions, but probably there are many others more subtle and difficult to define. These conditions are: (1) The embryonic lines of growth; (2) anatomical lines; (3) scratching and massing of the eruption in the scratch areas; (4) parasitic invasion.

(1) *The embryonic lines of growth.*—During the growth of the embryo the fibres which compose the body of the skin are regularly disposed along great curves which sweep out from the spine, pass around the body in a sloping downward direction to meet in the middle line of the chest and abdomen. It would appear that the cutaneous vessels course along the same curved lines, and when, in certain localities, such as the scalp and chin, the lines of growth follow other minor curves, these are found to govern the distribution of the vessels in these parts. Now, some eruptions appear to be distributed along these embryonic lines, and they belong to the group of constitutional diseases. By the term “constitutional disease” I do not intend to imply merely eruptions which can be connected with an internal source. For example, urticaria is an eruption which is commonly connected with an interior source, and yet urticaria does not follow in its distribution the great embryonic curves. Examples of the true type of constitutional diseases are found in psoriasis, in syphilis, during the period of general intoxication, and in “urticaria” pigmentosa, and these, in perfect examples, are found to follow the embryonic curves. The recognition of this mode of distribution is of the greatest value in practical diagnosis, for it at once excludes all the local and external diseases. But it does not follow that eruptions which follow these embryonic curves are genealogically correlated. They may be connected and derived from widely different sources, but agree in utilising a common mechanism in their several sequences.

(2) *Anatomical lines.*—We find the distribution of many eruptions is governed by some structural part of the skin, as, for example, the fresh or decomposing comedo by the infundibula of the follicles, sudamina by the sweat ducts, Herpes zoster by the peripheral sensory nerves, and sycosis by the large hair-follicles. We should always be on the look out for this mode of distribution; it may decide the diagnosis of a difficult case.

(3) *Distribution in the scratch areas of the body.*—In the distribution of all eruptions nothing is left to chance, and the entire surface of the

body—I do not say the eruption, but the entire surface—must be considered as a whole, a unity composed of many separate things, for nothing on the surface can be neglected in this art of diagnosing. Hence when we see the eruption is composed of masses balanced one against the other it should occur to us to ask ourselves whether the symmetrical motions of the body have not some definite connection with the distribution of the eruption. Itching is a leading feature of many eruptions, and scratching is the natural sequence of itching. Common observation teaches us that certain areas of the body are more frequently scratched than others. These scratch areas are the shoulders, the nape of the neck, the backs of the arms, the wrists, the abdomen, and the inner sides of the thighs. And when we see spots and patches massed together in these regions we may rightly infer that the greater part of the eruption is traceable to scratching and other traumatic influences. When this is the case experience teaches us that if we can control the itching we can control the eruption also. When eczema shows this mode of distribution, as it frequently does, we may infer that itching is a leading feature of the case.

(4) *Parasitic invasion*.—Many eruptions appear to be governed in their distribution by none of these conditions; they do not follow the great curves of embryonic growth, they are not limited by any anatomical structure, nor do they show any tendency to mass in the scratch areas. In this class are the vegetal parasitic eruptions, for example, ringworm of the body, impetigo, pityriasis, lupus, etc. In these diseases the eruption appears at the sites of the inoculations wherever they may be. The microbe is the seed, and the skin is the soil, and when the two are brought into intimate contact a reaction takes place, which appears to our eyes as an eruption. In these diseases the distribution of the eruption follows the distribution of the parasite, and if the latter are attenuated and few in number, the patches will be small and limited in their distribution.

### III. THE GOVERNING LINES OF GROWTH OF THE ELEMENTARY SPOTS AND PATCHES OF THE ERUPTION.

The hues and tints of disease are most frequently seen in spots and patches, called by the schools “elementary lesions.” To the untrained

eye they are nothing but spots and patches, but to us they should be more. We should compel ourselves to regard them as alive. In my experience this is one of the last difficulties to be surmounted by the Dermatologist. Thanks to our early training we are too much in the habit of looking upon them as *mere* spots and patches. Are we not taught from our dermatological infancy to regard them as having a surface and an edge, as mere tinted spaces of various shapes? The old dermatologists have bequeathed to us long lists of names, expressive of the variations in the outline. In my opinion this sort of learning is evil, because it leads us farther and farther from Nature into a wilderness of mere words. Like to everything in Nature the patch exhibits to those whose eyes are not deceived by false teaching, lines of action—lines “which have had power over its past fate and will have power over its futurity.” These are the *governing lines of growth*.\*

As in every typical disease of the skin, the governing lines of growth are more or less clearly exemplified, it will make it easier to explain them if I analyse certain common eruptions.

(1) *Psoriasis*.—A typical eruption of this disease is seen to be composed of spots, patches, and masses. Lying outside the large patches and masses are small, circular, isolated spots. Now, any two of these minute, circular spots touching each other are an abstract of the whole disease. They are psoriasis reduced to its simplest terms. The growth lines of the psoriasis patch are circular and well defined, but it is only by their mode of growth and behaviour in the presence of other patches that they exhibit their diagnostic character. When two patches touch, their respective lines of action cross one another, blend, and mutually assist in building up a greater patch. In this way are built up the principal masses of which the eruption is composed. The mutual attraction of the lines of growth is so characteristic of psoriasis that once the student is able to perceive them he will meet with no difficulty in recognising the disease under whatever disguise it may present itself to him. I have endeavoured to show these governing lines of growth in Fig. 1. In the first stage of growth the elementary spots are free, in the next stage they touch, and finally they blend as shown in the diagram. The diagram further exhibits another feature highly characteristic of psoriasis, namely, that at the margin of the com-

\* For this expression, as for much else, I gratefully acknowledge my indebtedness to Ruskin.

pound masses portions of the original elementary spots are to be seen partially free, partly fused with the main mass.

(2) *Secondary syphilides*.—I take these now as their governing lines of growth present a marked contrast to those of psoriasis. We will imagine the case to be a papular squamous syphilide, although any form of secondary syphilide would serve the purpose almost equally well. If we observe the individual patches by themselves, their aspect is not very unlike that of a psoriasis patch. For each patch the lines of growth are circular, but note the behaviour of these lines as they approach and touch each other. They do not cross, blend, and mutually assist in building up large masses, but each curve remains true to its own centre. Small pseudo patches may occasionally be met with in secondary syphilis, but if they be minutely inspected the individual spots may be clearly seen, and the line of growth traced around each spot. As soon as the individual spots come into contact their lines of growth mutually repel each other, in consequence of which the adjacent surfaces of these contiguous patches become flattened. This is the leading feature of all syphilitic rashes, and when taken in conjunction with their distribution along the great embryonic curves forms an absolute sign of syphilis, which will enable us to diagnose all syphilitic rashes instantly without a moment's hesitation, and without cross-examination of the patient. If in any case there is an *apparent* contradiction of this law, it is because some element foreign to syphilis has entered into the disease; I have not yet met with an exception to this observation in syphilis.

(3) *Impetigo*.—In this common disease the lines of growth are widely different from those of psoriasis and of syphilis; they are, moreover, characteristic of a large class of disease—namely those parasitic affections which are not limited to the follicles—*e. g.* pityriasis, seborrhoides, seborrhoeic eczema, Trichophytosis corporis, etc. In all these diseases we note that the governing lines of growth do not form a circle, but at one point a minor patch may be seen to spring out of it. It presents such a striking resemblance to the budding of the yeast-plant that I propose to speak of the lines which govern the growth of impetigo, pityriasis, etc., as *saccharomycetiform*, since they resemble the budding of *saccharomycetes*. The lines of growth characteristic of this class of disease may be diagrammatically, as in fig. 3.

(4) *Eczema*.—The lines of growth characteristic of true non-parasitic eczema are remarkable, and they are, moreover, absolutely reliable for the purposes of diagnosis. If we take any well-marked example of eczema, excluding, of course, seborrhoic eczema, and look for the smallest spots we can see, and compare them, we can no longer say, as in psoriasis, that any two contiguous spots are an abstract of the whole eruption, for each presents an optical as well as a material difference; one is a red spot, another a vesicle, another is covered by a scab, and so on. This heterogeneous character of the primitive patches is one of the distinguishing features of eczema. We note, also, that the distribution of these spots is never along the embryonic curves (as in syphilis and psoriasis), nor are they limited by any special anatomical part of the skin, as in acne; their distribution is irregular. We observe, further, that the line of growth circumscribing each spot is circular, and it should be especially noted that the saccharomycetiform, or budding, type of growth is absent. When two or more patches touch, their lines of growth cross, blend, and mutually assist in composing larger patches or masses, as in psoriasis, but with this remarkable difference, that in eczema the mass is concentrated towards the centre and weak at the margin, where it breaks up into small, isolated individual spots and patches. This, in my opinion, is the diagnostic feature of eczema, and is always to be relied upon. I am almost ready to go so far as to say that the term "eczema" should not be applied to any of the eczematoid eruptions unless they exhibit these particular lines of growth. I have represented diagrammatically in fig. 4 the lines of growth characteristic of eczema.

(5) *Erythematous eruptions*.—If we attentively examine the patches of any erythematous eruption, such as Erythema multiforme or an erythematous drug eruption—for example, an antipyrin rash—we will be impressed with the idea of the softness of their edges. They are remarkable, in fact, for the absence of lines of growth. The outline of the patch is merely the edge of a tinted space. An excellent example of a normal erythematous patch is afforded by the red portion of the lips, of which the exceeding softness of the edge is apparent to all. Unless a patch presents this softness of outline it cannot consistently be placed in the group of the erythemata. In rosacea there are no outlines, but only streaks and patches of colour; therefore

we are right in including rosacea among the (secondary) erythemata. Probably *Lupus erythematosus* belongs to this same class of secondary erythemata, but the outline of the patches, in some cases at least, is not so soft as the edge of the red portion of the lips, and, therefore, we are justified in concluding that some new element participates in the pathology of the disease, and that this element is not present in any of the other erythemata.

(6) *Acne*.—In this disease we perceive that the lines of growth of the individual spots circumscribe an anatomical structure—namely, the follicle—and they are independent one of another. The distribution of the eruption, however, is determined by the distribution of the sebaceous glands. It is of interest to note the entire absence of the *saccharomycetiform* lines of growth, which is sufficient reason for separating acne from the purely local auto-inoculable parasitic diseases, such as *impetigo*, *pityriasis*, *Trichophytosis corporis*, etc. The pustules of acne are an accident and not a regular incident of the disease.

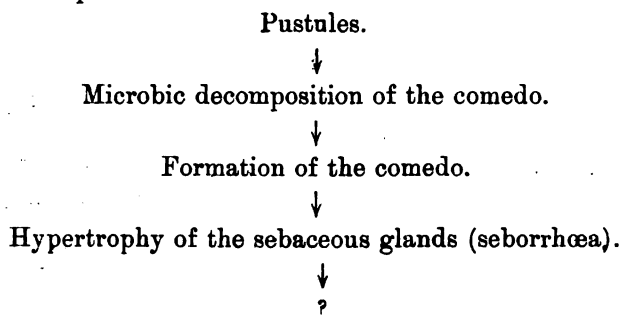
(7) *Herpes zoster*.—Both in its distribution and in its lines of growth the eruption of *Herpes zoster* is definite and characteristic. Its distribution follows the anatomical lines of the peripheral sensory nerves. The elementary spots of the eruption begin in minute, flat, red, circular spaces, which quickly rise above the level of the surrounding skin. The lines of growth become apparent as soon as contact is established between two elementary spots. Before the conjugation there is nothing to distinguish the vesicle of herpes from the vesicle of eczema taken by itself. The lines of growth of the conjugated spots partially attract and partly repel one another; they fuse in part and in part remain free, and the resultant patch obtains in consequence a highly characteristic shape. It has long been compared to a *corymbiform* efflorescence. We may therefore say that the lines governing the growth of *Herpes zoster* are *corymbiform*, and so characteristic of the disease are these lines that their absence is sufficient reason for excluding the diagnosis of herpes.

#### (4) THE RELATION OF THE ERUPTION TO THE INDIVIDUAL.

If we remember that an eruption is but the visible part of an orderly succession of events, we can have no difficulty in conceiving what is meant by perfect diagnosis. When we are able to trace an



eruption through these successive events up to its source, then our knowledge of that disease is perfect. Take, for example, the pustules of acne, the sequence is as follows :



Our knowledge of pustular acne is, therefore, nearly perfect, but breaks down at the fifth event in the sequence. But of how few cutaneous diseases have we such knowledge! A very large number of diseases cannot be traced back a single step from the eruption, but short of this perfect knowledge it is important to be able to point in the true direction *towards* the source.

*Method of procedure to connect diseases with their sources.*—When we look at a patient suffering from an eruption, we should endeavour to seize on the lines which point towards the source of the disease. These may be written in the complexion or the linaments of the face—the stigmata of heredity; they may be found to correspond with the lines of distribution or with the governing lines of the spots or patches. By carefully attending to these we ought to be able to determine instantly the region where the source has to be sought for. Thus an eruption which presents the saccharomycetiform lines of growth has a parasitic and not a constitutional source, and an eruption which is distributed along the embryonic major or minor curves must be traced to a constitutional source and not to one which is local, and so on. If the lines of growth do not offer any suggestion of causation, as is the case in eczema, the clue to the source may sometimes be found in the pale skin surrounding the eruption. This examination may reveal congenital deformity such as ichthyosis, or chronic stasis of the follicles, or loosening of the cement between the horn-cells, events which are not uncommon in the causation of eczema, or, again,

seborrhœa, as in acne or rosacea. If the inspection of the pale adjacent skin throws no light on the causation, we should endeavour to see whether orderly succession can be traced between the several parts of the eruption. Thus a lymphangitis of the forearm may be traced, in some cases, to a suppurating finger-nail, and this again to pediculosis of the scalp.

We may distinguish the sources of all skin-diseases as absolute and relative. When we say that a disease has an absolute source, we imply that it invariably proceeds from that source alone, and of such are the parasitic diseases. A relative source is one which is a source of a certain eruption at one time and not at another. Thus, for example, urticaria may proceed from one source or from another, according to the nature of the case. A word of warning must be given against that fatal slackness of mind which inserts a hypothetical source in the place of the undiscovered true source of an eruption. How often we hear it said that an eruption is gouty, or "due to the condition of the blood," when there is no evidence of the existence of either gout or hæmic disease. We should regard it as a point of honour, due to our profession, to endeavour to correct this pernicious habit in students—a habit which makes scientific progress impossible by assuming knowledge which has no existence.

#### CONCLUSION.

The proof of the validity of any system is in the working, and I have found the system which I have attempted to unfold so satisfactory and so certain in its results that I have been compelled to write in the hope that other Dermatologists may experience the same satisfaction. In sum how does this system differ from the Willan-Hebra system? First, it requires of us to abandon the idea of an eruption as a botanical efflorescence and the classing of disease into species and genera. It requires of us to leave the primary and secondary lesions as useless derelicts of ancient Dermatology; and, further, it implies that a minute verbal description of the so-called efflorescence, which is the method now in vogue, is not a natural system of diagnosis. I use these words advisedly; it is not a system, because the student is left to grope his way through a maze of disconnected facts, and it is not natural, because it holds no sort of

relation to the appointments of Nature. Secondly, it differs from the old system in many ways. It distinguishes one sign from another, as Nature herself does, by making one principal and the others grouped around it in subordination to it. It teaches that the patch is a living thing, and displays to the observant eye its governing lines of action. By watching minutely these lines of action, we focus our attention on the inmost working of Nature. If we compare one eruption with another, and find their lines of action dissimilar, then it follows with the unerring logic of Nature that these eruptions denote different diseases, and, conversely, when we find several eruptions displaying the same lines of action, we know that Nature has drawn no essential distinction between them, and hence the variation of colour and form, however conspicuous they may be, are entirely subordinate, and must be appraised accordingly. Again, the system directs attention to the inter-operation of the lines of action of one patch on another patch, and this is the way we best learn how to perceive their diagnostic character. We learn how some lines are mutually attractive (psoriasis), and others mutually repellant (syphilis). Again, this system trains the student to follow the rays of light and to connect its qualities of hue purity and luminosity, together with the tints and shades of hues, with their textural sources—a method, it appears to me, of great value, inasmuch as it affords an exquisitely delicate analysis of the pathological state of the skin.

Finally, it happens not seldom, but again and again, that the signs of the lines of action are minute and inconspicuous. The budding or saccharomycetiform lines of growth occasionally have to be sought for with a lens, and in some obscure cases of syphilis the lines of growth may be almost obliterated. Nature does not disclose the secrets of her methods by glowing colours, but conspicuous colours are often employed by her to lead the unwary away from the faint marks which direct the way to her essential operations. Little wonder that the Dermatologists of old walked in a vain dream of their own imaginings, speaking much, but knowing little of the essential workings of Nature in the human skin.

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## SOCIETY INTELLIGENCE.

## THE DERMATOLOGICAL SOCIETY OF LONDON.

AN ordinary meeting of this Society was held on Wednesday, April 10th, 1907, Dr. T. COLCOTT FOX in the chair.

The following cases and specimens were shown :

*Case for diagnosis.*—Dr. H. G. ADAMSON showed an infant, aged 4 months, with an irregularly-oval, infiltrated plaque in the skin of the back. The plaque was of a dusky red colour, and measured about 2 inches by  $1\frac{1}{2}$  inches. It was situated apparently in the corium and subcutaneous tissue, and could be pinched up as a whole from the deeper tissues. It was uniformly firm, and here and there suggested to the touch that it was made up of closely-packed, hard, pea-sized lobules. The history was that it had been present, without alteration, since birth. The exhibitor had come to no conclusion as to its nature, except that it was probably a nævoid growth and possibly a nævus which had ulcerated and healed.

Dr. WHITFIELD suggested that it might be a form of congenital lymphangioma.

Dr. COLCOTT FOX presented (1) a woman, aged 47 years, with an *eruption* from which she had suffered for six years. The lesions were disseminated over the external aspects of the arms and forearms and on the thighs, and over belts passing all round the shoulders and upper chest, and again round the lower portion of the trunk. The striking feature was the presence of deep excoriations, the size of split peas, evidently made by the finger-nails. The patient stated that she was compelled to tear the skin in this way for the relief of irritation, but she was unable to give any very clear indication of what the essential lesion was. Apparently urticarial wheals were sometimes seen, and a slight indication of factitious urticaria was producible. On the forearms were some pale insignificant papules suggestive of prurigo, but there were no glandular enlargements, and no secondary changes in the skin. The irritation was worst at night. There were numerous faint scars. The general health was on the whole good.

The exhibitor said he had seen several examples of a similar

condition, which was not to be confounded with the larger-patterned "neurotic excoriations" of Erasmus Wilson. He thought it to be an urticaria.

Several members inclined to the view that it was a *Prurigo mitis*.

(2) A boy, with patches of *Lupus vulgaris* dating from an outburst of nodules following measles at two years of age, and a recent miliary follicular eruption with projecting spines. The latter eruption was disseminated copiously all over the trunk and shoulders, with only indications here and there of patches. Some of the erected follicles were faintly congested, while many were quite pale. There was no itching. There was a little follicular eruption on the limbs, which seemed to be *Keratosis pilaris*.

The exhibitor brought forward the case to illustrate the difficulty of diagnosis, as a number of miliary follicular eruptions presented these spines. He was inclined to regard it as a case of *Lichen scrofulosorum* (miliary tuberculide).

Dr. WILFRID FOX showed a case for diagnosis of a man, aged 42 years, who had suffered for six years with a skin-affection, which was distributed almost universally all over the head, trunk and limbs, and on the mucous membrane of the palate. The patient acknowledged having contracted syphilis at the age of twenty-eight, and was treated with pills for one month only; afterwards he had no skin-disease at all for eight years, at the end of which time the present eruption started. The rash had remained constant during the last six years, with the exception of two short intervals, when he was seriously ill—once with enteric fever and later with septicæmia following an injection of quinine for malaria. The patient had lived for a considerable number of years in Peru, and it was in this country that the eruption first showed itself. He had made a hobby of exhuming mummies and relics from the graves of the old Peruvian Incas, and he related that there was a superstition current amongst the natives of the present day to the effect that anyone who so desecrated these graves was always attacked with a disease of the skin. There was no personal or family history whatever of tuberculosis, and the patient was a sturdy, well-developed, healthy-looking man, except for the skin-affection. Examination of the chest, moreover, revealed no evidence of con-

sumption. The rash varied considerably on different parts of the body; on the face it was acneiform, resembling very closely the "acné sébacée partielle" of the French. On the forehead the acne-like spots were completely covered with greasy seborrhoic scales. On the trunk the rash consisted of small, round papules, slightly larger than a pin's head, which were uncovered with scales for the most part, and gave the sense of induration to the touch. On the limbs the lesions were depressed in the centre, closely resembling the tuberculide "folliclis"; this resemblance was especially marked on the ankles and feet. The eruption on the palate was depressed in the centre like that on the feet.

Several of the folliclis-like lesions on the legs contained small dried plugs in the depression, which could be easily removed with the finger-nail. A biopsy had been made from the buttock, which showed an infiltration of plasma-cells and lymphocytes around the vessels of the subpapillary plexus, and also a fibrosis in the corium around; many of the fibroblasts took on the Pappenheim stain in the characteristic manner, and there were in addition cells which appeared to be intermediate between well-formed oval plasma-cells and true spindle-shaped fibroblasts. There was a slight hyperkeratosis in the epidermis, and one section which was exhibited showed a well-marked epidermal plug. An examination of the blood, which had been kindly made by Dr. Kerr, revealed nothing of importance. The exhibitor said he thought the case belonged to the group of infective granulomata, and was either a very late and unusual secondary syphilide, or a tuberculide; he thought that the slides made from the biopsy were in favour of the syphilitic hypothesis. The case gave rise to considerable discussion, and the majority of the members were in favour of the tubercular diagnosis. Dr. Pringle suggested that the opsonic index to the tubercle bacillus should be taken, or tuberculin injected.

Dr. GRAHAM LITTLE showed (1) *a case for diagnosis*. The patient was a lady, aged 60 years, who had lived for eleven years in China (Foochow). She had noted the appearance of the eruption during the past twelve months only, and it had not been preceded by any other lesions. She had at the present time a number of pigmented areas varying in size from that of a pea to a half-crown, wholly flat, and with no subjective symptoms except a little itching. The condition had

been diagnosed in China as a ringworm, but there was no fungus in the scales and the clinical appearance of the eruption was not in the least like ringworm. There were no lesions in the mouth, the nerve-trunks were not thickened, and there was no anæsthesia. The patches were distributed on the thighs, the arms, wrists, abdomen, the legs and neck, the largest patch being in the latter position. The colour was a pale brown, with here and there a pinkish tint.

The general opinion seemed to be that the stains might be the remains of an old Lichen planus. It was suggested that leprosy was a possible diagnosis, but this was not supported by many members.

(2) A case of *Erythema induratum with folliclis*. The patient was a young woman with no tuberculous history, but with a poor circulation. She had on the left leg two patches of "Erythema induratum," and on the right forearm several small deep-blue patches or nodules which were regarded as tuberculous, and of the type of folliclis. The association of these two types of tuberculous disease was interesting. Several cases of the kind had been shown at this Society recently.

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#### THE DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND.

A MEETING of this Society was held on Wednesday, March 27th, 1907, Dr. ALFRED EDDOWES, a Vice-President, in the chair.

The following cases were exhibited:

Dr. ALFRED EDDOWES showed (1) *tylosis of the whole of both palms*. Both palms were equally and symmetrically affected together with the palmar surfaces of all the digits of both hands. The feet were not affected. The condition was congenital and persistent, but was greatly aggravated by housework. Before treatment was commenced, three weeks previously, the horny layer was much thicker and rougher than at present, and the upper layer of horny cells presented many points, giving the whole the appearance of one large, soft wart.

(2) *Sister of the above with palmar warts*. This girl had, in all, eight warts, all situated on the palmar surfaces of the fingers and hands. She, unlike her sister, did very little housework, but whenever she attempted it the palmar surfaces became rough and greatly

resembled her sister's. The dorsal surfaces of both hands of these patients were normal. Their mother suffered slightly in the same way as the first patient.

(3) *Peliosis rheumatica*. This patient was a boy, aged 15 years, a junior librarian. He gave a history of a red patch appearing on the inside of his left thigh, accompanied by pain, three weeks ago. When seen at the hospital, a rash had spread over both thighs and legs, and a few spots had appeared on the arms and face. The eruption was blotchy, purpuric, here and there papular, irregular in size, but averaging that of a sixpence or a finger-nail. The rash was scattered chiefly on the lower limbs, extending from the upper part of the thigh to, and involving, the feet. It was most abundant about the calves and shins. No constitutional or other symptoms were noted beyond the pain accompanying the outbreak, which was still complained of slightly.

(4) *Scarlatinoid exfoliative erythema*. B. S—, a coal porter, aged 37 years, married, was first seen by Dr. Eddowes on February 28th, 1907, when he presented, as far as the skin was concerned, the signs of a fading attack of scarlet fever. The patient said he had had two similar attacks, and described them as beginning with a rapid outbreak of little red spots, which soon joined together and made him red all over. When the rash first appeared, the surface of the skin was smooth. He became perfectly red during the first afternoon. By next day the rash seemed to have faded, and the skin then commenced to itch terribly; and on the fourth day—that is to say, when Dr. Eddowes first saw him—the whole of his body was covered with fine branny desquamation, while the feet and hands were peeling in large flakes. There was no shedding of the nails. The surface of the skin under the scales was bright red and quite dry, unless scratched or rubbed roughly.

March 13th.—Seen again to-day; most of the body surface was found to be nearly normal in appearance and smooth. There was still some roughness on the thighs, legs, and forearms. The feet and hands, though recovering, were still red, and presented the appearance usual after the desquamation of scarlet fever. The condition on this day was well demonstrated by a photograph taken at the time.

There was a complete absence of premonitory symptoms, and the patient felt perfectly well during the outbreak. There had, naturally,



been some tenderness of the feet and hands in consequence of the exfoliation, and some itching which came on in paroxysms about twice a day, namely at three to four o'clock p.m., and as the patient went to bed, about ten to ten-thirty. The appetite was good, and there was no sore throat during this or previous attacks. The crowns of his teeth were sound; he had never had toothache, but had receding gums and a great collection of tartar with gingivitis, practically affecting all the teeth. He was a great smoker.

The soft palate was rather redder than normal, the tongue normal, and there was no sign of peeling or prominence of papillæ. The bowels were not affected in any way during attacks. He had a serious, or rather one should say, a general, outbreak twelve years ago; while six months ago he had what he called a milder attack, but even during the latter the soles of his feet completely exfoliated.

An interesting point was that he said he thought a little of his trouble was always at work on his insteps, where along the line of his boot-lacing his skin was generally rough and scurvy. During an attack the face and scalp suffered little, and the hair did not fall. He thought the weather had little to do with it. It was never accompanied by any perceptible perspiration. During the last outbreak he was working as usual, and in the morning snow had been falling. Examined under a lens the mouths of many follicles were seen to be branny, but it was quite impossible to say whether the follicles or the sweat-apparatus had been most affected. There was no obvious swelling of lymph-glands.

Mr. SPENCER HURLBUTT showed (1) two men who were attending Dr. Graham Little's department at St. Mary's Hospital. They were brought to the meeting to illustrate the close similarity between certain forms of psoriasis and seborrhœa.

The first—a salesman, aged 45 years—who had always been free from skin trouble until a fortnight previous, when spots were noticed on his bald scalp, and in a few days later on his face, upper part of body, and arms. When seen a week ago a papular squamous rash of a fawn colour was thickly scattered over the above-mentioned areas. The scales were small and more or less greasy; there was little hyperæmia, and no irritation was complained of; the usual psoriasis positions on the limbs were then free from the disease.

Since then the rash had extended considerably, and now covered the greater part of the body and lower limbs, and the lesions had assumed a more characteristic guttate psoriasiform appearance.

The other man, aged 23 years, had an attack of psoriasis last year, a few remaining lesions of which were to be made out on the fronts of his knees. His present trouble is an eruption limited to the skin covering the sternum and between the shoulders, which is of three months' duration, and has not received treatment of any kind. The lesions consisted of numerous well-defined patches of a deep red colour, not unlike ordinary psoriasis patches, in which scales had been partially removed by treatment; but in this case the scales were scanty and fatty, contrasting with the bright silvery epithelial crusts on the knees. The condition gave rise to no subjective symptoms.

A considerable discussion ensued upon the relationship between psoriasis and seborrhœa in general, and upon these cases in particular, the first of which was considered by the majority of those present to be one of psoriasis.

(2) A case of *Bazin's disease* in a young woman, a general servant, aged 24 years. The eruption was first noticed on the left arm about a year ago; three months later on the right arm, and subsequently the legs were affected. On the legs the lesions consisted of distinct subdermal nodules with violet-tinted discolouration of the surrounding surface, situated on the middle third and inner surface of both limbs; they were comparatively painless, and there was no ulceration. The hands were somewhat swollen and discoloured from defective circulation. On the external surface of both forearms were similar subcutaneous nodules, but these, though more numerous, were smaller and more deeply-seated than those on the lower extremities.

Both parents of the patient were alive and well, and beyond the fact that one, out of her eight healthy brothers, had glands removed from his neck when a child, no history of tuberculosis could be traced in her family.

Mr. ARTHUR SHILLITOE showed a case of *untreated syphilis* in a man, aged 22 years, the primary infection being in September, 1906. At the present time the trunk, scalp, and limbs were covered with a crusted, psoriasiform eruption. The cervical and inguinal glands were enlarged, the fauces were ulcerated, and anal condylomata were present.

Mr. HARTIGAN expressed the opinion that this case presented some features remarkably like psoriasis, but the President said that the differences were, to him, very striking, psoriasis being essentially scaly, a dry catarrh, affecting chiefly the epidermis, whereas here the patches were raised and reddened beyond the scales. Moreover, the scales were not fine and adherent; there was rather general exfoliation—a secondary result of the persistent congestion of the sub-epidermal syphiloderm.

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NOTES ON THE MEETINGS OF THE DERMATOLOGICAL  
SOCIETY OF LONDON FROM 1882 TO 1894.

By T. COLCOTT FOX, M.B., F.R.C.P.

(Continued from page 144.)

SEVENTEENTH MEETING, MARCH 12TH, 1884.

CHAIRMAN, MR. CLINTON T. DENT.

Dr. S. MACKENZIE. *Limited sebaceous obstruction over forehead and scalp*, two cases of, in children. Localised comedones (completely cured by some simple ointment and washing).

Dr. SANGSTER. *Subcutaneous fluctuating tumours (scrofulo-tuberculous gummata)* in an infant, aged 16 months (Willard). His father was healthy and denied syphilis. The mother had a delicate chest, suffered from bronchitis every winter, and had spat blood. An aunt was said to have had hip-joint disease. The patient was quite a healthy child when born, without eruptions or snuffling. She was suckled for nine months, and seemed to fall away after weaning. About five weeks ago the first swelling was noticed on the left arm, and was at first about the size of a Barcelona nut. It is now the size of a Tangerine orange. Other swellings developed at the rate of about one a week, and there are now about six or seven in all. They are subcutaneous, fluctuating, painless lesions, the size of beans, and situated mostly about the hips and thighs; one or two of them were apparently turning reddish. One finger of the right hand was red and swollen. There was strumous dactylitis and slight signs of rickets.

Dr. CROCKER. (1) *Favus of scalp* in a German boy, aged 15 years. It had been present thirteen years, and was caught from a nurse in Germany when he was two years old. There was extensive scarring of the scalp. Favus in very small quantity occurred round some of the

hairs. There were only a few characteristic, but small, "cups." The fungus was demonstrated under the microscope.

(2) *Unilateral ichthyosis hystrix* in a girl. (See June 11th, 1884, December 8th, 1886, December 14th, 1887, and March 11th, 1891.

*Note.*—See exhibitor's *Atlas of Skin Diseases*, Pl. XLV.

Dr. SANGSTER. *Dermatitis exfoliativa* in a butcher, almost universal and diffuse. The face was free, and it was scanty on the scalp. Psoriasis was seen about the knees.

Mr. MORRANT BAKER. *Sycosis (Folliculitis pustulosa)* in a coal-waggoner, aged 40 years. There was a pustular eruption in connection with the hair-follicles of the legs and arms and many parts of the face. On the latter region it was indistinguishable from sycosis, but sparse.

#### EIGHTEENTH MEETING, APRIL 9TH, 1884.

CHAIRMAN, DR. ROBERT LIVEING.

Dr. COLCOTT FOX. *Morphæa*, about a dozen multiple patches over the body and limbs, and one in the mid-line of small of back. The special feature was the extraordinarily superficial character of the lesion, producing a slight but obvious structural alteration, with lattice-work crinkling of the surface and slight brownish pigmentation. There was no congestive areola to the patches.

*Note.*—See December 9th, 1884. All the patches disappeared in six months. A drawing was preserved (patient aged 6 years).

Dr. CROCKER. *Xerodermia* of one week's duration, commencing on the forehead.

*Note.*—This child came under observation two years later with the condition fully developed.

Dr. WALTER G. SMITH, of Dublin. (1) *Cirrhosis of liver, cavernous angiomata of liver, ? papillary lymphangioma of skin*, in a man, aged 52 years (R—), admitted to Sir Patrick Dun's hospital, with ascites, etc., due to cirrhosis of liver. Peculiar-looking growths were noticed on the scrotum, which were stated to have been in existence for seven years, and never to have caused him any inconvenience. When first noticed in hospital the scrotum was very cedematous, and some of the

little tumours were translucent and almost vesicular. Puncture gave exit first to a drop of clear fluid, then a drop of blood. When the œdema of scrotum had subsided the tumours were mostly dark purple, flattened or nodular on the top, elastic to the touch, and becoming paler on pressure. (Portrait.) *Microscopical* sections were shown.

(2) *Multiple affection of nails of hands* (portrait) in a man, aged 20 years, a grocer's assistant. He had never had syphilis, nor any skin affection of hands or elsewhere. In June, 1883, without apparent reason, the roots of all the nails on each hand become sore and discharged yellow matter. Sudden accessions of suppuration occurred, and the nails loosened, a bright-red ridge appearing at each nail-root, with pain and soreness along the nail-bed. The nails were thickened, curved, transversely ridged, and irregularly broken at the sides. None of the nails had fallen off *en masse*. The nails of the feet were normal. No fungus was found.

NINETEENTH MEETING, MAY 14TH, 1884.

CHAIRMAN, DR. STEPHEN MACKENZIE.

Dr. CROCKER. *General inflammatory Lichen pilaris* in a lad, aged 15 years. The eruption was present on the scapular regions (but not between them), on the whole of rest of back, buttocks, trochanteric regions, the upper third of the thighs, the abdomen and lower part of chest, and slightly on both surfaces of the arms and legs. It occurred in groups on the limbs, but was evenly distributed on the trunk. It consisted of acuminate papules, pin's-head size, red or pale red in colour, with central spiny projections, which could be extracted, and consisted of horny cells. The father was subject to psoriasis. The patient looked delicate, but was fairly healthy.

Dr. COLCOTT FOX. *Alopecia areata*, associated with atrophy of nails.

TWENTIETH MEETING, JUNE 11TH, 1884.

CHAIRMAN, MR. MORRANT BAKER.

Dr. DUFFIN. *Pityriasis rubra* in a man, aged 36 years (W. E—).

Admitted into King's College Hospital on May 3rd, 1884. There was a history of gout in the family. The patient had suffered from eczema since he was two years old. He had been subject to asthma "off and on" since childhood, but this had ceased during the last three years. He had albuminuria twelve years, due to "cold." Treatment: Left arm painted with collodion and oleum rusci with marked beneficial effect. The rest of body anointed with Ung. zinci. benzoatis. On admission he was given a mixture containing digitalis, scopolium, citrate of lithia, and acetate of potash. No particular diet.

Dr. PYE-SMITH, F.R.S. *Recurrent Erythema vesiculosum (hydroa)* of the backs of the hands in circular areas.

Mr. BAKER. *Erythema multiforme (vesicating)*. A universal eruption of very superficial erythema, closely simulating the so-called roseola urticata, but vesicating.

Dr. CROCKER. *Seborrhœa congestiva* of the end of the nose.

Mr. HUTCHINSON, F.R.S. *Gangrene of fingers, secondary to morphœa* (coloured picture). Alopecia in the mother, and absence of the nipples; and congenital defect of development of the hair, nails, subcutaneous fat, etc., in her son, aged 4 years.

Mr. MALCOLM MORRIS. *Ichthyosis*.

*Note.*—The case was afterwards in Paddington Infirmary and drawn for Dr. Crocker.

Dr. DYCE DUCKWORTH. *Prurigo of Hebra (congenital xeroderma)* in a boy, aged 11 years (S. B—). Patient felt well. The disease began at the age of three years. The inguinal glands were enlarged. The face, palms, and back of the hands were almost free from eruption. There were no signs of syphilis. The rash consisted of pale papules, the same colour as the skin around them; raised, and capped by a dried spot of blood. They were abundant on the back, trunk, and chest, and on the legs, especially extensor surfaces, and were absent from the fingers, penis, and flexures of the knees. It itched very much, and caused scratching. On March 5th all papules had gone, and there was no itching. *Temperature:* Mostly below the normal; never as high as 99° F. March 8th, discharged. Returned a few weeks later much worse.

## TWENTY-SECOND MEETING, OCTOBER 8TH, 1884.

CHAIRMAN, DR. THOMAS BARLOW.

Drs. PAYNE and FELIX SEMON. *Rhino-scleroma, drawings of a case of, now in St. Thomas's Hospital.*

*Note.*—See *Path. Soc. Trans.*, vol. xxxvi, pp. 73, 81.

Dr. CAVAFY. *Warts, unusual development of plane, on forehead of a youth.*

Mr. DENT. *Hypertrophy of face, unusual, in a female.*

## TWENTY-THIRD MEETING, NOVEMBER 12TH, 1884.

CHAIRMAN, DR. DYCE DUCKWORTH.

Dr. PAYNE. *Exfoliative dermatitis or ichthyosis.* A peculiar exfoliation of the cuticle, leaving a dry, red surface. The skin in places was markedly ichthyotic, and even where exfoliation occurred the reddened skin quickly resumed the ichthyotic condition. There were no lobes to the ears. It began at birth, but there was no family history.

Mr. MALCOLM MORRIS. *Favus* of the neck in a little girl from Lisson Grove. No other children in the family were affected. Typical favi had existed, but had disappeared, and only an inflamed, elevated patch, 2 × 3 in., was to be seen, which no one could recognise positively as favus. The fungus (mycelium and spores) was plentifully found.

Mr. MORRANT BAKER. *Sarcoma of the neck over the tonsillar region*, in a young woman, simulating an enormous chancre. There was rapid growth and commencing ulceration. Mr. Hutchinson mentioned a similar case.

*Note.*—See portrait in *Illustrated Med. News*, February 2nd, 1889, vol. ii.

Dr. COLCOTT FOX. (1) *Lupus vulgaris* of the back of the hand, in which the characters of the disease were completely masked by inflammation and crusts.

(2) *Pityriasis rosea* in a young girl, and a drawing of the same, showing the primary plaque afterwards described by Brocq. The case was brought in the belief that it was Gibert's disease.

*Note.*—See exhibitor's paper, *Lancet*, September 20th, 1884.

(3) *Copious and general eruption of Lichen planus* in a boy (W. S—), aged 14 years. Lines and crescents down the arms. Wart on shin. A typical case.

*Note.*—See *Westminster Hospital Reports*, vol. i, 1885, p. 178.

Dr. Payne referred to a case in a girl of the same age.

Dr. DUFFIN. *Sclerodermia* in a woman, aged 24 years (E. G—). The patient stated that she had never had any rheumatic affection (had indigestion the last eighteen months), but she had a diastolic bruit at the base. A sister died of acute rheumatism. Her father suffers much from rheumatism. A brother had rheumatism. During the last four years she had specially noticed numbness and coldness of the hands and arms, and less so of feet. She noticed that her arms felt hard eight or nine months ago, and all this last summer the hands were only just warm, and there was little perspiration. The fingers and elbows had become stiff and hardly movable five or six months previously. She had noticed stiffness of the chest for two months, and six months ago she noticed pigmentation (chiefly two patches not touching median line) on the abdomen, having never noticed any pigment before. Pigmentation was even then present in spots, but did not reach above the umbilicus. Last month the nipples had been browner than before, and she had noticed desquamation. Tactile sensation and common sensibility were not in any way affected over the parts taken. The unaffected parts of the skin perspired freely. The affection was quite symmetrical. The disease was extensively diffused.

Dr. CROCKER. (1) *Sclerodermia* in a middle-aged woman, showing marked symmetry. This case was an almost exact counterpart of the case exhibited by Dr. Duffin.

*Note.*—See exhibitor's lectures, *Lancet*, January 31st, 1885, *et seq.*

*Note.*—This woman subsequently died in Notting Hill Infirmary under the care of Mr. Lunn, who obtained sections of the skin.—T. C. F.

(2) *Another case of sclerodermia* in a middle-aged woman.

*Note.*—See exhibitor's lectures, *Lancet*, January 31st, 1885, *et seq.*

(3) *Swollen scrotum for diagnosis.*

*Note.*—Subsequent observation proved the condition to have arisen from recurrent attacks of eczematous inflammation.

Dr. STEPHEN MACKENZIE. *Curious symmetrical nodular eruption of elbows and calves (? tuberculide).* Most nodules were a dull red, but



many pale, as tubercular syphilides of the face may be. There was no history of syphilis, nor suggestion of a drug eruption. Nodules were recurrent at times for years.

Dr. WICKHAM LEGG. *Lichen (keratosis ?) scrofulosorum*, *Lichen spinulosus*, in a boy. Bristly spines extended from the follicles in symmetrical areas on the back of the neck and hips. On the outside of the thighs and arms there was a miliary papular eruption due to indolent follicular inflammation.

Dr. LEES. *A general copious eruption of Lichen planus*, displaying remarkable symmetry, especially down the inside of the arms and forearms. Warts occurred on the shin.

Dr. SANGSTER. *Molluscum contagiosum* in a man, aged 25 years, on the right shoulder and about the right side of the back and the right forearm. One growth was present on the left forearm. The shoulder growth was much inflamed. There was no history of contagion, but it was supposed to have been excited by, or contracted in, a Turkish bath.

#### TWENTY-FOURTH MEETING, DECEMBER 9TH, 1884.

CHAIRMAN, DR. COLCOTT FOX.

Dr. BARLOW. (1) *Xanthoma* in a child. First seen, at one year of age, round the eyelids. There were massive, uniform, buff-coloured plaques of a deep brown colour in some places. On the forehead the growth had occurred round scars. There was a good deal about the face, on the arms, buttocks, and over the knee; none in the cleft of anus, or in the mouth, or palms, or soles. The child was extremely rickety, had an enormously enlarged liver and spleen of uncertain nature, but never had jaundice.

Note.—P.M.—Lesions found as above, and some internal xanthelasma, *e.g.*, on pleura; large fibroid liver and spleen; xanthelasma patches microscopically characteristic.

(2) *Gyrate macular erythema (marginatum)* and *subcutaneous fibroid nodules*, in a small child, following acute rheumatism. The limbs, and to some extent, the trunk and the face, were mottled over with confluent rings of faded erythema, looking at a first glance like a congestive mottling.

Dr. PYE-SMITH. (1) *Verrucæ planæ*, crowded and confluent on the extensor surface of the forearm and the back of the hand of a woman.

(2) An oldish man, with perforated palate, some scarring, and three large epitheliomatous-looking, cutaneous, vegetating syphilides, each the size of a split Tangerine orange.

An interesting discussion arose as to the influence exercised by iodide of potassium in exciting such vegetations. Dr. Barlow mentioned a case in which granulations sprouted from a blister under the influence of iodide of potassium.

Dr. STEPHEN MACKENZIE. *Girl, aged 16 years, with acute psoriasis* much concentrated over the abdomen. It had all evolved in three days, and was very widespread. There was but little scaling at first, and the papules were uniformly small. The mother suffered from psoriasis.

Mr. MALCOLM MORRIS. *Morphœa (Scleroderma circumscriptum)* in a girl, aged 10 years, in multiple patches about the size of the palm of the hand, over the trunk and limbs, especially the former. The patches were brownish, pigmented, stiffened, and *very superficial*, so that at first glance they looked like "liver spots."

*Note.*—This case was precisely parallel to the one lately shown by Dr. Fox, except that in the latter the patches were not so pigmented, and the surface reticulated. The special feature in both was the extremely superficial character of the structural change, so that it was only apparent to the touch and hardly to the eye.

Dr. STOWERS. *Case for diagnosis* in a young woman. On the lower third of each shin was a dull red erythematous patch, the size of the palm of the hand. Most of these areas had faded away, leaving a suspicion of a scar and a feeling of thinning. The spreading edges of the lesions were patches, and at this part the edge is raised and inclined to vegetate. The duration was nine months. On the back of one leg in the lower third was a younger patch, the size of half-a-crown, flattened down in the centre with a spreading edge.

Much discussion ensued as to the nature of the affection, and syphilis (acquired or hereditary) and Lupus erythematosus were suggested. See March 11th, 1885, for result of treatment.

Dr. PAYNE. *Chronic urticaria or vesicating erythema* in a child. The lesions were rather evanescent, some vesiculating, the size of a pea, white, with a pink areola, lumpy to the feel, and on subsidence leaving persistent papules like *Erythema papulatum*. There was

evidently a strong urticarial element. It was chiefly situated on the cheeks, arms, and buttocks.

TWENTY-FIFTH MEETING, JANUARY 14TH, 1885.

CHAIRMAN, DR. T. WICKHAM LEGG.

Dr. STEPHEN MACKENZIE. (1) *Case of curious ringed eruption for diagnosis* in a girl, aged 20 years. The eruption had recurred constantly on each thigh in a gyrate patch since an attack of measles in childhood. It first occurred on the neck. It began as little macules or papules, and spread into rings, the size of a shilling or half-a-crown, which joined together. The rings had a tawny pigmented centre, and a raised papular edge. In some there were a few papules left behind in the central part of the rings, such as are seen in ringworm.

Dr. Fox mentioned his case, denominated by him *Erythema gyratum perstans*, portrayed in the *Clin. Soc. Trans.*, vol. xiv, 1881, p. 67, and *Internat. Atlas of Rare Skin Diseases*.

(2) *Psoriasis of the nails, with end-joint rheumatism*, in a woman, aged about 45 years. The nail-disease was confined to the fingers affected with rheumatism.

Dr. RADCLIFFE-CROCKER. (1) *Mixed leprosy* in a man, aged 35 years. He had been to India three times, and the leprosy appeared one and a half years after the patient's return from his second visit. The disseminated nodules on the face were similarly coloured to the normal surrounding skin, which was not infiltrated except over the ears. The hands were swollen, livid, anæsthetic, with characteristic trophic changes.

See exhibitor's lecture, *Illustrated Med. News*, August 3rd and 31st, 1889.

(2) *Anomalous relapsing maculo-bullous eruption* in a child, aged 3 years and 10 months. There was an atrophic total alopecia. The face around the nostrils, eyes, and mouth was encircled with coppery, large macular sheets. There were symmetrical patches round the nails, on the wrists, and on the other parts of the legs and buttocks and genitalia. On the elbows, knees, and fingers the eruption was bullous, but began as an erythematous patch. The nails were thick and distorted or shed from time to time. It began at six weeks after

birth, and had relapsed ever since. Mercurial treatment had no effect, and general opinion was against its syphilitic nature. It was thought to be pemphigus or Erythema multiforme or some other special dermatitis. This child died a year or two later.

Dr. BARLOW. *Case for diagnosis.* A congenital "white mole" of the scalp in a child. The lesion was pale or buff-coloured, raised, smooth, bald, sharply circumscribed, with a raised edge, and was not a scar.

*Note.*—See Crocker, *Diseases of the Skin*, second edition, 1893, p. 730, "Congenital Fibro-sebaceous Disease."

Dr. SANGSTER. (1) *Dermatitis herpetiformis.* A drawing of his case of "general herpes," shown at the first meeting of the Society. It was a universal, clustered, vesicular eruption, recurring every few weeks. Sometimes the vesicles occurred in isolated, pea-sized lesions. At other times there was much pruritus and something like urticaria.

(2) *Syphiloderma circinatum.* The greater part of the face and the back of the neck was occupied by three very chronic, confluent rings, simulating Lupus erythematosus. There was an absence of scarring and ulceration. The eruption was not nodular, but papular or thickly macular, and the edges continuous, raised, and scaly. There was a history of syphilis.

Dr. BARLOW. *Syphilis acquisita* in a little girl. She applied with a galled right ear, which was indurated, and which left, on healing, a scar. Later on a general coppery, and only slightly scaly, papulo-tubercular eruption followed, on the upper arms and trunk. There was general adenitis, with a special enlargement of glands under the right ear.

#### TWENTY-SIXTH MEETING, FEBRUARY 11TH, 1885.

CHAIRMAN, DR. ROBERT LIVEING.

Dr. ROBERT LIVEING. (1) *A violet-coppery, oval, very firm nodule,* the size of a kernel of a nut, and of nine months' duration, under the left eye of a little girl, for diagnosis. There was no exfoliation, excoriation, or ulceration. ? Lupus-keloid.

(2) *Lupus erythematosus disseminatus* (? Hutchinson's "Lupus psoriasis," and similar to the cases recorded by Hillier and Stephen Mackenzie), or syphilis, in a woman, aged 40 years. The eruption had been on the arms, legs, and abdomen, and there were small spots and macules all down the back, the size of split-peas, some slightly scaly. They all left scars like a syphilide. There was none on the face or scalp. The duration was several years. There were many scars of old suppurating glands in the neck. The general opinion inclined to syphilis.

*Note.*—See Mackenzie's illustrated case of *Lupus psoriasis*, *Clin. Soc. Trans.*, vol. xv, 1882.—T. C. F.

Dr. DUFFIN. A very remarkable case of a follicular eruption (nearly universal) in an adult woman. The eruption consisted of miliary papules, formed by elevations of the follicles, which were mostly plugged by an extruding spine, as in the *Keratosis pilaris* of children. The back of the neck was particularly affected, the cheeks to some extent, and the backs of the hands. The nails were involved. The palms were thick and horny. The face was also the seat of ordinary diffuse seborrhœa, and there were patches on the chest. ? *Lichen ruber* or *Pityriasis rubra pilaris*.

Dr. PYE-SMITH. *Herpetic eruption on congenital nævus (lymph-angioma?)*. A case in a boy (congenital) of mixed capillary and lymphatic nævus down one leg.

Dr. Fox referred to his case published in the *Path. Soc. Trans.*, and stated that he had under observation another case in a boy, the exact counterpart of Dr. Pye-Smith's case.

Dr. COLCOTT FOX. (1) *Lupus erythematosus discoides* in a man, aged 32 years (J. P—), a severe, but typical, case of. The patient came under observation one year ago, and the eruption was then of nearly ten years' duration. It began on the scalp and right ear, and spread across the face to left ear. The patient was narrow-chested, and the sister died of consumption.

(2) A small *papulo-pustular eruption* (? *scrofuloderma*), in a child, aged 9 months (I. H—). The first child of the family died of tuberculous meningitis, aged 20 months. The second and third were living and healthy. The patient was the fourth. All but the first had "thrush go through them." The patient had snuffles of five months' duration, and a somewhat sunken bridge of the nose and

geographical tongue. There was no obvious rickets, but the patient won't keep bed-clothes on, and was anæmic. The spleen was not felt. The mother's father died of consumption. The duration of the eruption was about three months and had not altered in character. The distribution was on the extensor aspects of the arms, forearms, thighs, and legs, and slightly on the sides of the face; there were one or two in the scalp, and many in the small of the back and on the buttocks. The eruption was papulo-pustular and was miliary, or the size of small acne. At first an indolent erythematous papule evolved in connection with a follicle, and many acquired a central epithelial plug. Some of them pustulated slightly. As the lesions slowly underwent involution and flattened down to simulate Lichen planus, the central plug fell out, leaving a crater; they became more violaceous in tint, and finally left pigment stains and even pitted scars of more or less intensity. As the eruption was chronic, all these stages were seen side by side.

Dr. CAVAFY. *Xanthoma multiplex (diabeticorum)*. A stout man who was said to have had diabetes. There were buff-coloured papules on a large hyperæmic base, and massing and aggregation of papules into patches on the elbows and knees, hands and forearms. None were present on the face, palms, or elsewhere. There were no plane lesions, and the papules came and went.

This case belongs to the same category as those recorded by Bristowe and Morris, and as that shown by Fox at this Society. There was much discussion as to the exact nature of this affection, whether it was a true xanthoma or not.

Note.—See *Brit. Journ. Dermat.*, vol. i, 1889, p. 76.

Dr. PAYNE. Two infants with *moniliform scalp hairs*. In both the hair was said to be normal at birth, but in one infant the change began at four months. The hair was short and bristly and nodose throughout. There was some inflammation about each follicle.

See *Path. Soc. Trans.*, vol. xxxvii, p. 540. N.B.—These cases were some years later shown again at the Dermatological Society by Dr. Galloway.

Dr. SANGSTER. A case of *Lupus erythematosus* confined to the scalp. Scars were the most prominent features.

Mr. BAKER. *Acquired syphilis* in a little girl; extensive, large papular eruption with some pustulation.

(To be continued.)

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## CURRENT LITERATURE.

**CONTRIBUTION TO THE KNOWLEDGE OF IDIOPATHIC ATROPHY OF THE SKIN.** P. RUSCH. (*Archiv f. Derm. u. Syph.*, August and September, 1906, pp. 3 and 177.)

RUSCH formulates the following propositions as the result of his observations on the subject of idiopathic atrophy of the skin:

(1) That the skin affections variously known as diffuse and circumscribed atrophy of the skin, Erythema paralyticum, erythromelie, Acrodermatitis atrophicans, and Erythrodermie pityriasique en plaques disséminées are closely related, and should be classified in the same group.

(2) That underlying them there is a complex chronic inflammatory process leading to atrophy.

(3) Inflammation and atrophy are "co-ordinate" processes which are at first independent of each other.

(4) From the clinical standpoint there are two types, which are not definitely demarcated and have various transition forms connecting them together: (a) cases in which the inflammatory changes are only evident histologically, and which to the naked eye, from the beginning of the disease and during its whole course, present the picture of an idiopathic disturbance of the skin; and (b) cases in which the inflammatory appearances (infiltration, cedema, etc.) are more marked than the atrophy in the early stages of the disease.

(5) The most constant symptom of the various types is a dilatation of the blood-vessels with redness of the skin.

(6) The disease seems in every case to persist through life, but is associated with remission and exacerbation of the atrophy and inflammatory changes.

(7) There has been up to the present no case of complete recovery of the skin once it has become affected, nor the formation of a healthy scar in place of the lesion.

J. M. H. M.

**ON THE PROOF OF THE BACILLARY ORIGIN OF FOLLICULIS.**

C. LEINER and F. SPIELER. (*Archiv f. Derm. u. Syph.*, September, 1906, p. 221.)

WITH the object of trying to prove that folliculis was due to the presence of the tubercle bacillus *in situ*, the writers inoculated three guinea-pigs from two cases of "folliculis," or what would be better termed small papulo-necrotic tuberculides.

Case 1 was a young woman, aged 16 years, with a typical papulo-necrotic tuberculide eruption situated on the face, neck, upper and lower extremities. The lesions were brownish or purple in colour, and varied in size from a pin's head to a linseed. There were no very definite signs of tuberculosis in the girl at the time of the experiment, though there was a slight rise of temperature after one injection of the old tuberculin, but soon after she left the hospital she succumbed to "galloping phthisis." Case 2 was a girl, aged 4 years, with a cold abscess in

the left thigh, phthisis of the apex of the right lung, and a papulo-necrotic eruption on the chest, arms, and back near the vertebral column.

By means of a sharp spoon a number of the lesions were scraped out from both cases—the scraping going deep down to the subcutaneous tissue. Before the scraping the affected skin was thoroughly disinfected. Emulsions were then made with the tissue from the two cases by mixing it with sterile bouillon. Three guinea-pigs were inoculated with this mixture, both subcutaneously and into the peritoneal cavity. Soon after the inoculations infiltrated swellings developed at the sites, and these rapidly caseated, the glands in the neighbourhood undergoing similar changes. On making preparations from the breaking-down caseous tissue large numbers of tubercle bacilli were found.

Papulo-necrotic lesions from the patients were also examined histologically. In the specimens from Case 1 there were no definite tuberculous characteristics, while in those from Case 2 there was a typical tuberculous architecture with a number of giant-cells.

On account of the positive inoculation experiments, the writers conclude that “folliclis” is a definite tuberculous manifestation, and due to the presence *in situ* of the tubercle bacillus.

J. M. H. M.

**ON THE PRESENCE OF THE SPIROCHÆTE PALLIDA IN CON-  
GENITAL SYPHILIS. B. ENTZ. (*Archiv f. Derm. u. Syph.*, August,  
1906, p. 79.)**

THE researches recorded in this paper consist of the examination of the tissue for the *Spirochæte pallida* in seven cases of congenital syphilis, which died at, or soon after, birth, and in five cases of which positive results were obtained. Herscheimer and Hübner were the first observers to demonstrate the presence of the *Spirochæte pallida* in syphilitic tissues. Since then various other writers, such as Bartarelli, Volpino, and Bovero, have suggested staining methods and modifications for the same purpose, in most of which the staining is done by nitrate of silver. One of the most practical of these methods is that of Levaditi, which is simply a slight modification of the method of Ramon y Cajal for the staining of nerve-fibrils. The method is as follows: Very small pieces of the syphilitic tissue are fixed for twenty-four hours in 10 per cent. formol, and then hardened for twenty-four hours in 95 per cent. alcohol. The tissue is then transferred to distilled water till it sinks. It is next placed in a 1.5 per cent. aqueous solution of silver nitrate for twenty-four hours in an incubator, at 38° C., in the dark. It is afterwards washed in distilled water. The silver is then reduced by placing the tissue for twenty-four hours in pyrogallic solution (pyrogallic acid, 2 grm., formalin, 5 c.c., and distilled water 100 c.c.) at room temperature, and in daylight. It is then washed in water, hardened in alcohol, and embedded in paraffin or celloidin. The sections may be examined without further staining, or they may be stained in Giemsa's solution or in toluidin blue, as follows: Stain for a few minutes in concentrated Giemsa's solution, wash in water, differentiate in absolute alcohol to which a few drops of clove oil have been added, clear in xylol and mount in Canada balsam; or stain with concentrated toluidin blue and differentiate in absolute alcohol with a drop of glycerine-ether, clear in bergamot oil, and mount in



Canada balsam. In order to reduce the time required in impregnating the tissue with nitrate of silver, Levaditi and Manouelian have employed the following modification: Pyridin 10 per cent. solution, mixed with 1 per cent. silver nitrate solution, is used instead of the 1.5 per cent. silver nitrate solution of the original method, and the tissue is placed in it for two to three hours at room temperature, then for four to six hours at 50° C. in an incubator. The silver is reduced in a mixture containing pyrogalllic acid 4 per cent., acetone 10 per cent., and pyridin 15 per cent. for several hours, and then is hardened in alcohol and embedded in paraffin or celloidin. The sections are further stained by Unna's methylene blue. By these methods the spirochæte are stained black.

Seven cases were examined, the post-mortems on which were done at the pathological laboratory of the university of Budapest. In five of the cases *Spirochæte pallida* was found.

In Case 1 the syphilitic infant died two days after birth. At the time of its death it had syphilitic pemphigus of the palms and soles. The internal organs showed changes characteristic of congenital syphilis. *Spirochæte pallida* was found in the heart-muscle and lying in the connective-tissue between the muscle-bundles and about the small vessels. A few were present in the lungs. Vast numbers of them were found in the liver, supra-renal, and pancreas. Sections were made of the affected skin of the sole of the foot, and spirochætes were detected on the upper layers of the connective tissue, around the blood-vessels, and in and between the prickle-cells of the epidermis. In Case 2 the infant died half-an-hour after birth, and *Spirochæte pallida* was found in the liver, kidneys, supra-renals, in the border of an ulcerated patch excised from the intestines. Case 3 had the spirochæte in the lungs, heart, and liver. Case 4 died a quarter of an hour after birth, and only the pancreas was examined for the micro-organism, and with positive results. Case 5 lived for thirteen days. At the post-mortem there was marked pancreatitis, and spirochætes were found in it.

As a rule in all the five cases the spirochætes were present in small foci. In the spleen very few of them were detected, in spite of the fact that swelling of that organ is almost pathognomonic of congenital syphilis. They were found in the parenchyma of the other organs, in the gland-epithelium of the liver, kidney, pancreas, supra-renal, and sweat-glands. They were noted also in the walls of the small blood-vessels, and in the blood-stream between the corpuscles. As evidences that the spirochæte is pathogenetic the writer cites the following facts: (1) That they are invariably found in congenital syphilis, while they are absent in healthy tissues; (2) that the number of spirochætes present in the tissue is directly proportionate to the severity of the tissue-changes.

J. M. H. M.

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## VACCINIFORM ECTHYMA OF INFANTS.

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Visiting Dermatologist to the Ringworm School of the  
Metropolitan Asylums Board.*

THE eruption here discussed has almost escaped notice in this country, and, indeed, in many well-known text-books on dermatology I have failed to find any description. It was distinguished independently in 1887 by E. Besnier, A. Fournier, and H. Hallopeau in Paris, and received successively the names "Erythème vacciniforme infantile," "Syphiloïde vacciniforme infantile," "Herpès vacciniforme," "Ecthyma vacciniforme syphiloïde des jeunes enfants." The only portrait published that I know of is the one in the *Hôpital St. Louis Atlas* (Pl. XX), but models have been added to the Museums of the *Hôpital St. Louis* and of the University Klinik for Skin Diseases at Breslau.

Hallopeau and Leredde, in their *Traité Pratique de Dermatologie*, 1900, pp. 402 *et seq.*, give a good description of the eruption under the title "Dermatite Vacciniforme des Jeunes Enfants," and consider it a morbid species clearly differentiated by its clinical characters, and as probably a local affection caused by a parasite still undetermined. It is characterised, they say, by an eruption, upon an erythematous base, of little papular projections which, at first surmounted by a vesicle, take on rapidly by umbilicating in their central part the aspect of vaccine lesions, and multiply by auto-inoculation. These authors inferred the auto-inoculability from the appearance of the elements on parts in direct contact. Jacquet,

however, actually effected an inoculation on the arm of an infant presenting such lesions around the anus. The distinguishing characters insisted on are: (1) the occurrence of the eruption solely in the first months of life; (2) the ready curability under antiseptic conditions; (3) the sites of predilection around the genital organs and anus; (4) the special morphology of the lesions. The eruption is found on the opposed surfaces of the perianal region, of the inguino-crural and thigh folds, on the vulva, and particularly on the commissures of the labia majora. They have been seen on the prepuce, the popliteal spaces, and even further down the lower extremities.

Bouisson is quoted as noting the evolution of these lesions from an erythematous tache, which becomes rapidly a solid projection, soon surmounted by a little vesicle, which in turn rapidly subsides as the lesion enlarges and cups, and assumes the aspect of a vaccine vesicle. Certainly, the striking feature of the eruption in many cases is the formation of elements which, when mature, simulate vaccine lesions. The latter vary in volume from a millet seed to a large lentil. In shape they are circular or oval, with a raised broad rim of a silvered white or opal tint, and a depressed centre exulcerated and red, and sometimes capped by a thin crust. Each lesion is surrounded by a slight erythematous areola. Jacquet mentions the occurrence of a rayed, puckered bordering to the lesions, and says that erythematovesicular elements may co-exist. By auto-inoculation a series of

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#### DESCRIPTION OF PLATES.

FIG. 1.—Photograph of a water-colour drawing of Case 1. Shows the small erythematous papules, the vacciniiform lesions, the larger excoriation with raised rim and the fissuring of the folds. *Note.*—The dark tints in the reproduction are red in the originals.

FIG. 2.—Photograph of a water-colour drawing of Case 2. The lesions are superficial congestive macules with a slight diphtheroid coating.

FIG. 3.—Photograph of a water-colour drawing of Case 5. Shows the multi-form picture, the vacciniiform lesions, diphtheroid papules, the excoriated area bordered on the right thigh by a raised rim and beyond that by small translucent vesicles, and further out still by a margin of erythema.

FIG. 4.—Photograph of a second water-colour drawing of Case 5. Shows an excoriated peri-anal region, bordered by an opaline rim, with outlying small ecthyma lesions.

FIG. 5.—Photograph of water-colour drawing of Case 6. Vacciniiform or herpes iris-like lesions of the dorsum of the foot, with vesicles on the toes.

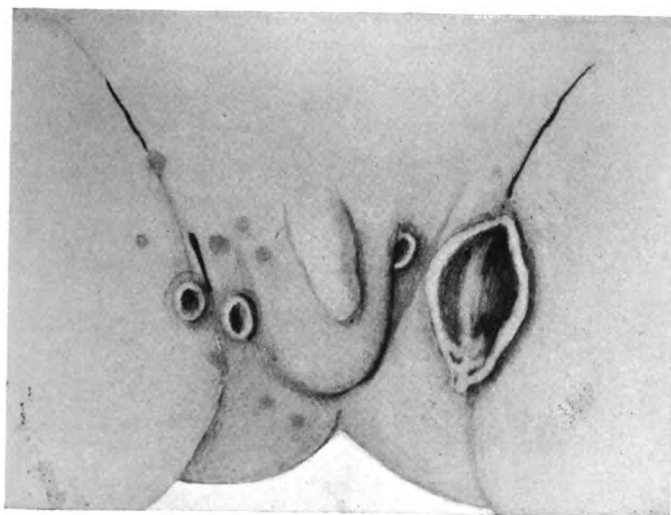


FIG. 1, CASE 1.

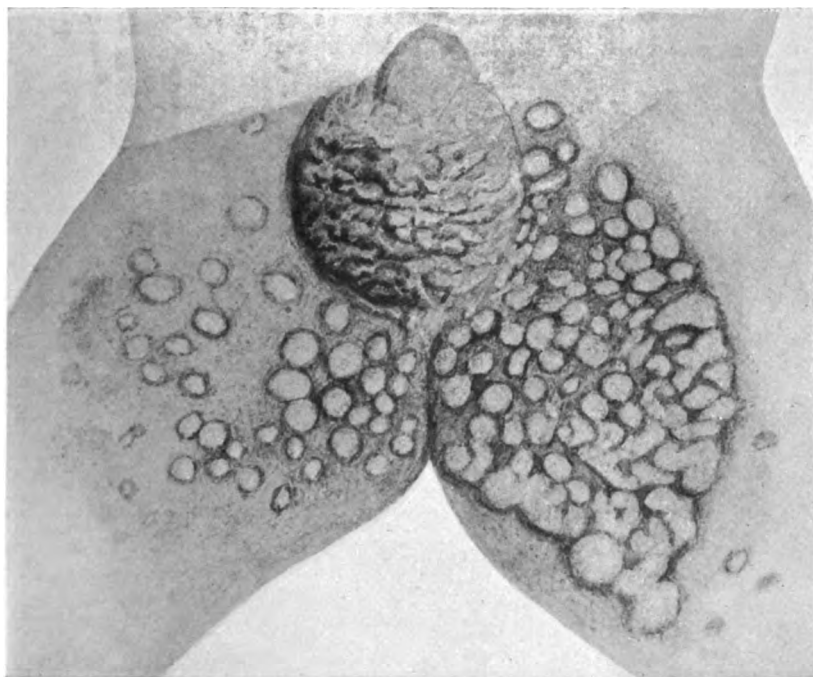


FIG. 2, CASE 2.



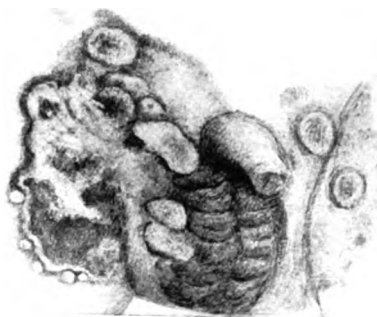


FIG. 3, CASE 5.



FIG. 4, CASE 5.

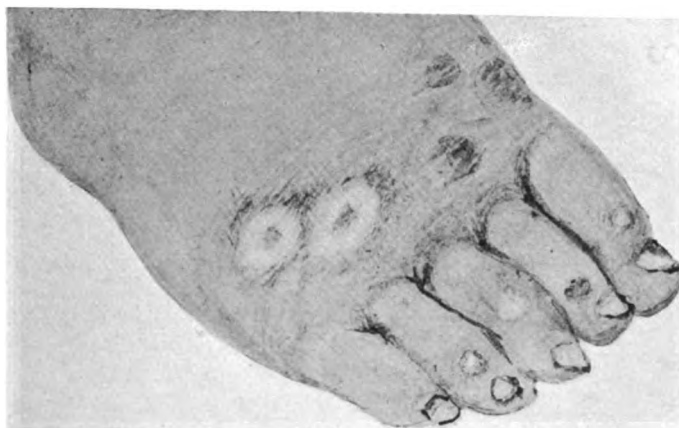


FIG. 5, CASE 6.



these elements forms, which may remain isolated or become confluent into plaques, which display a raised polycyclical rim. By new inoculations the eruption may be prolonged indefinitely. Related lymph-nodes may be painful and swollen. A. Fournier (*Union Médicale*, No. 6, 1893) relates a fatal case in which some lesions became gangrenous, but no clue to the sudden death was revealed at the autopsy.

It will be evident that the age at which this eruption occurs, the sites of predilection, and some features of the morphology, readily conduce to cause a diagnosis of congenital syphilis to be made. To avoid this error Trémolières relies on the superficial site of the lesions, their umbilication, white colour, and mode of grouping. On the other hand, the vacciniiform aspect attracts attention, and Jacquet even suggests the possibility of the eruption being an accidental localisation of abnormal and deformed vaccine lesions. Both Hallopeau and Jacquet appear to consider this affection quite distinct from the "Erythème papuleux fessier post-érosif" described by the latter observer.

Mantegazza (*Giorn. Ital. d. Mal. Ven. e della Pelle*, 1900, Fasc. 2, p. 208) described two cases under the name "Varicelloid dermatosis" (Pellizzari), associated with diarrhoea, in which the *Bacillus coli* was found in the stools and skin lesions. Pustules causing erosions and serpiginous ulcerations from coalescence formed on the inner surfaces of the thighs, on the buttocks, scrotum, or vulva.

The following cases will illustrate my own experience of this eruption :

CASE 1.—(Fig. 1.) E. C—, aged 7 months, successfully vaccinated some time previously, was brought to me in 1893 with a few rounded, reddened, excoriated, papular projections, in size from a shot to the little finger nail. They were somewhat discoid, and the broad rim was covered with a cream-coloured membranous coating (diphtheroid). There was also a number of soft, red papules, and in the left groin a red excoriated patch, the size of half a crown, with a white raised border. I noted that the elements began as tiny inflammatory papules or papulo-vesicles, and enlarged peripherally to a certain extent, as in *Impetigo contagiosa*, soft chancres, and eroded syphilides. The eruption was cured in three weeks by constant bathing with a lotion of permanganate of potash, and the application of Ung. acid borici, and, later, dilute Ung. hydrarg. ammoniati. I came to the conclusion that the eruption was not syphilitic, but my opinion was much unsettled when, later on, the child came under my care with condylomata ani, which rapidly yielded to Pulv. hydrarg. c creta internally and calomel ointment externally.



CASE 2.—(Fig. 2.) In the same year, F. P—, aged 10 months, who had been successfully vaccinated some months previously, was brought to me. He was a seven and a half months' child. The eruption presented a somewhat different phase of much interest, but I believe essentially of the same nature. The penis was swollen and the seat of an exuding confluent eczematoïd dermatitis. The scrotum was in a similar condition, but the eruption was there less confluent. Both groins and the adjoining thighs were studded thickly with erythematous *macules*, slightly eroded in the centre, and covered with a little creamy, adherent diphtheroid coating of sodden epidermis and discharge. I noted that the lesions were not syphilitic, though the child probably was so. He was snuffy and hoarse, and there was a history of "thrush going through the child." Eight children were born to the parents, and several had died. The eruption was readily cured by local antiseptic measures.

CASE 3.—A boy, aged 6 weeks, the child of a medical friend, presented over the penis, scrotum, and contiguous surface of thighs a copious eruption of lesions which at once suggested vaccine elements. So striking was the appearance that I immediately sought for evidence of vaccine inoculation, but the supposition was conclusively negatived. The child had been vaccinated, and all trace of the operation had disappeared. The baby had become peevish on the Saturday, more so on the Sunday, when the eruption was first noticed on an erysipelatous-like flush spreading up the groins for two or three inches. The temperature was 100° F. On Monday the child died without any very obvious cause. There was no autopsy.

CASE 4.—On June 8th, 1898, I exhibited to the Dermatological Society of London an infant, aged 5 months (C. W. P—), suffering from a bilateral and nearly symmetrical eruption of the upper and inner third of both thighs, with slight extension to the buttocks, which I diagnosed, after some hesitation, as Herpes zoster. The eruption was also well marked on the posterior surface of the middle third of the right calf. The groins and perianal regions were free. There were no constitutional symptoms, and apparently no pain, and the child seemed to be in good health. The mother stated that a local redness had existed about the buttocks for five or six weeks, but no trace of this was left. The child had also been vomiting for a month. The eruption, which evolved six days previously, consisted of herpetiform clusters of large, prominent vesicles and vesico-pustules. There were also large, isolated lesions the size of split-peas, slightly umbilicated and quite varioliform in aspect. The latter lesions induced me to investigate any possibility of vaccine inoculation, but the child was unvaccinated, and had not been near any recently vaccinated subject. The diagnosis of *Vacciniform ecthyma* was discussed but not entertained at the time, and the distribution and herpetiform clustering of the elements led me to the diagnosis of zoster, which I believe to have been wrong. The eruption rapidly yielded to simple treatment. About the same time a colleague at the Paddington Green Children's Hospital brought to my notice a case which was very similar in some respects, but there were lesions on the external genitals, as well as on the neighbouring thighs and buttocks.

CASE 5.—On April 20th, 1904, a mother brought her only child (W. F—), aged 1 year and 9 months, to the Skin Department of the Westminster Hospital

for advice as to an eruption of three weeks' duration. The mother was suffering from mild scabies, and stated that the eruption in the child began on the back, with red spots, which became scabbed over. Then the perianal region became excoriated, an eruption appeared in both groins, on the scalp, about the corners of the mouth, and elsewhere. The mother stated that her husband was out of work, and that she was out all day in some employment. There had been no miscarriages or abortions. The child had suffered from a cold in the head at birth, and at seven weeks old a rash appeared about the buttocks, and lasted four or five weeks. At the age of fourteen months the child was in a workhouse infirmary for nine weeks suffering from diarrhoea and sickness. On examining the child I found the following condition: He was well formed, and, on the whole, healthy-looking and well nourished, and physical examination failed to disclose any visceral enlargements or other defects. On the scalp were some crusts of a simple-looking character. The corners of the mouth were the seat of the exulcerations known in France as *perlèche*. On the back were several slight crusts, which, from their configuration, suggested a prior ringed eruption. On the buttocks and lower extremities were sparsely distributed some crusted elements of an ecthymatous type. The perianal region, as shown in the portrait, was exulcerated (see Fig. 4). This breach of surface was covered with a thin, membranous coating, dark grey in colour. It was abruptly limited by a markedly raised polycyclical border, covered at its summit by cream-white, sodden epidermis, and outside that was a slight, red zone of congestion. At the upper part there was a distinct indication of a peculiar, raised, rounded, papular disc, rather cupped in the centre. The cup was reddish, and the broad rim covered with cream-coloured, sodden epidermis. This distinct element suggested that the whole patch was formed by the excentric evolution, confluence, and finally involution of similar lesions. Both inguino-femoral regions were red and excoriated, the right most markedly so. On this base, as seen in the portrait, was a multiform eruption. On the left side were two rounded, cupped, papular discs, like the one described in the perianal region, but larger. On the right side were several more similar lesions; also several rather irregular areas of a similar size, with a cream-coloured, diphtheroid coating, apparently formed of the admixture of epithelial cells, serum, and fibrin. The patch on the right side was bordered by a polycyclical, raised margin and peripheral congestive zone, of similar character to that described in the perianal patch, and outside this border, at the lower half, were several rounded, isolated, superficial, herpetiform vesicles or small bullæ, with thin walls and clear contents. Further out, on the right thigh, was a congestive line, as seen in the drawing, and suggesting a diffuse, erysipelatoid, extending area. The roots of the toes were encrusted, and on the proximal side of this crust were one or two large, orbicular, thin-walled vesicles, with clear contents. On the fingers of the right hand the skin at the roots of the nails was also the seat of similar clear vesicles. Lastly, there were some macules of brown pigmentation here and there under the chin, and on the body and limbs, apparently left by ecthymatous lesions. I could find no proof of *acarus* infection in this baby.

The eruption readily yielded to treatment. I ordered the baby to be given a prolonged warm boric acid bath night and morning, the vesicles to be broken, and all discharge and crusting to be carefully cleansed away. The excoriations

were then to be dressed with an ointment containing twelve grains of ammoniated mercury to the ounce of benzoated zinc ointment. I purposely did not exhibit mercury internally, but prescribed some rhubarb and soda powders.

The first glance at this baby with the ecthyma-like sores, the perianal eruption, and the condyloma-like discoid elements, suggested syphilis to the mind, but such a widespread eruption of a secondary type in a child of this age could probably only be due to an acquired syphilis. However, a closer examination soon dispelled any idea of syphilis. I recognised the peculiar discoid papules as characteristic of the affection described as "vacciniform infantile ecthyma."

There were, however, some very interesting features in this case connected with the multiformity of the lesions present, which I had not noticed in other examples. I was struck by the coincidence of the vaccinoid lesions with (1) the peculiar superficial thin-walled vesicles or small bullæ, (2) ecthyma, (3) *perlèche*, (4) the crusted remains of a ringed eruption of the back and crusts on the scalp, and (5) the little areas with a diphtheroid coating on the exulcerated patches. I have frequently noted this peculiar coating in the streptococcic *perlèche*, and also on the diffuse streptococcic exulcerations so commonly seen behind the ears of children. The latter condition has close analogies with the excoriated plaques met with in vacciniform infantile ecthyma in the shape of the patches, the character of the surface, and the localisation between contiguous surfaces, although behind the ears I have never observed the characteristic raised "bourrelet" of vacciniform infantile ecthyma. Further, in this case we have the presence of what were apparently ordinary streptococcic ecthymatous lesions, and probably some circinate Impetigo contagiosa. Lastly, the presence of small bullæ about the roots of the fingers and toes was interesting in connection with Adamson's case (*British Journal of Dermatology*, May, 1904) in which he cultivated streptococci from similar lesions.

My friend, Dr. H. G. Adamson, was kind enough to carry out some observations, and has furnished me with the following note:

On the day on which the patient was first brought to the hospital (April 21st), culture tubes were inoculated as follows: (a) from an advanced disc-like lesion in the groin; (b) from a recent vesicle on the foot.

On an agar tube from the groin lesion colonies of staphylococcus appeared along the stroke, and between them abundant small colonies of streptococcus.

In a bouillon tube from the groin lesion after twenty-four hours' inoculation, there were found numerous streptococcic chains, many showing a dozen or more elements; there were also some groups of staphylococci. In the bouillon tube from the vesicle of the foot, the growth was chiefly staphylococcic, with a few chains of streptococcus.

On April 25th a bouillon tube was inoculated from another small vesicle on the foot which had appeared since the last visit. In this instance a *pure culture of streptococcus* was obtained; long chains of streptococcus, with apparently no other organism, were found, and sub-cultures upon a solid medium were pure cultures of streptococcus.

*Remarks.*—The finding of a streptococcus in abundance in the first cultures made showed clearly that this organism was present in the lesions in great force, otherwise it would have been readily outgrown by the staphylococcus on arti-

ficial media. The subsequent finding of pure cultures of streptococcus in an early lesion strongly suggests that this organism was primarily responsible for the lesions.

Lastly, and in connection with the occurrence of small streptococcic phlyctenæ or vesicles about the hands and feet, I will mention the following case: Some years ago two young children (brother and sister) were brought to me at the Westminster Hospital with vesications on the dorsum of the feet and toes. Some lesions were small, rounded, superficial blisters with clear contents, others were umbilicated (see Photo 4). I supposed the affection to be an abnormal example of Herpes iris, though the localisation was most exceptional. There can be little doubt it was a streptococcic affection.

I have subsequently had the opportunity of seeing three children of a family in the Westminster Hospital simultaneously affected with blisters about the toes, which healed under simple dressings, and were not traceable to any local mechanical or chemical irritation.

In connection with the possible streptococcic origin of Vacciniform ecthyma of infants I may refer to a case of a female child, aged 3 years, brought before the Dermatological Society of London in 1903 by Dr. Graham Little, with the diagnosis *Dermatitis herpetiformis*. The child had groups of clear vesicles on a red base, distributed principally on the thighs and legs, and especially round the vulva, the labia and mons veneris being covered with vesicles and scabs. On the face there were numerous small vesicles and pustules, which appeared exactly like the lesions of *Impetigo contagiosa*, but they had not improved with treatment. On the thighs and legs the lesions seemed auto-infective, as the parts of the leg in apposition with the thigh, where this was completely flexed, were secondarily covered with lesions apparently derived from contact with the vesicles on the thigh. Cultures in fluid media were taken on two occasions from a large, clear vesicle on the thigh forming one of such a group, and on each occasion a pure culture of streptococcus was obtained.

Vaccinoid lesions are not commonly seen in streptococcic *Impetigo contagiosa* in my experience, but in Unna's case of generalised *Phlyctenosis streptogenes* (*St. Louis Med. and Surg. Journ.*, November, 1895), following an attack of measles in a one-year-old infant, the variola-like lesions were umbilicated, but Unna determined that the streptococci invaded the eruption from emboli.

From a study of recorded cases it will be seen that Vacciniform ecthyma of infants may present in various stages, and the lesions produced may include congestive macules and papules undergoing vesiculation and pustulation, and simulating vaccine lesions. After rupture or collapse of the vesicles the elements may be covered with a diphtheroid coating, or be denuded with a granulating base, and indistinguishable from papular syphilides. By confluence diffuse excoriated plaques may be formed, or polycyclical linear elevations. And, lastly, marginal erysipelatoid congestion may be present. The diagnosis in some stages has to be made from the Erythèmes papuleux fessiers post-érosifs of infants (Sevestre and Jacquet). At other times accidental vaccinal inoculation is suggested, and, again, papules may be indistinguishable from syphilides.

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## SOCIETY INTELLIGENCE.

### THE DERMATOLOGICAL SOCIETY OF LONDON.

THE annual general meeting of the above Society was held on Wednesday, May 8th, 1907, Dr. J. J. PRINGLE in the Chair.

The minutes of the preceding annual meeting having been read and confirmed, the following gentlemen were elected to serve as officers of the Society for the ensuing session :

*Council* : H. G. Adamson, Willmott Evans, T. Colcott Fox, James Galloway, Malcolm Morris, J. A. Ormerod, J. J. Pringle, Edward Stainer, J. Herbert Stowers, Norman Walker.

*Hon. Treasurer* : H. Radcliffe-Crocker.

*Hon. Secretaries* : Arthur Whitfield, E. Graham Little.

The treasurer's and secretaries' reports were read and received.

A vote of thanks to the officers for their services was proposed by Dr. James Galloway and carried unanimously.

An ordinary meeting of the Society followed the conclusion of the business of the annual meeting, when the following cases were shown :

Dr. H. G. ADAMSON showed (1) an infant, aged 4 months, with an extensive *unilateral linear nævus* occupying the left side of the trunk and the left leg. On the left side of the chest and abdomen there were dusky red mottled streaks which extended transversely from

the spine to the mid-abdominal line. Upon the left lower limb were similar streaks arranged irregularly, but, on the whole, in the direction of the long axis of the limb. On close inspection the streaks were seen to be made up of closely set, very flat, smooth angular papules. Upon the calf there were three or four bean-sized, raised warty growths in the course of one of the streaks. Upon the sole of the left foot was a linear warty growth extending from the heel to the toes. These lesions had been present at birth.

Dr. WHITFIELD called attention to the fact that the left nipple was absent.

(2) A *circinate eruption* on the thighs which had been diagnosed in India as "*Dhobie itch*." The patient was a captain in the Army, and the eruption had first appeared nine years ago while he was stationed in India. It had disappeared many times under treatment by chrysarobin ointments, or by application of tincture of iodine, or spontaneously on coming to a cooler climate; but it had always returned. When first seen by the exhibitor two weeks previously there were merely a few dry, eczematous-looking patches upon the thighs. The patient was then asked to use no local application for a while, with the result that the eruption had returned. It now presented the following features: Over the thighs and buttocks there were circinate lesions varying in diameter from two to eight inches. These rings had an outer advancing margin, which was slightly raised, pinkish, smooth, and free from scales; and just within this margin was a band of flaky scales. Many of the rings enclosed one or more concentric rings. The lesions itched considerably.

The question raised by the exhibitor was not as to whether this eruption should be called "*Dhobie itch*," but whether it was of the nature of a ringworm or not. A large number of scrapings had been examined but no fungus had been found, and for this reason, and because the rings appeared to develop with such extreme rapidity, it was thought that the eruption was probably not a ringworm. Dr. Radcliffe-Crocker also pointed out that the eruption did not especially involve the groins and spread from thence, as in cases of *Tinea cruris*.

Since showing the case it has occurred to the exhibitor that this eruption bears some resemblance to an example of persistent circinate erythema which he had shown on a previous occasion (*Brit. Journ. of*

*Derm.*, November, 1906, p. 403), and which he had compared with the two cases of *Erythema gyratum* of sixteen years' duration which had been recorded by Dr. Colcott Fox (*Clin. Soc. Trans.*, vol. xiv, p. 67, and *International Atlas*, plate XVI).

Dr. COLCOTT FOX demonstrated a patient, W. B—, with the diagnosis *Acneiform tuberculide*. The man was an only child of living parents, aged 26 years, of spare build, with somewhat livid hands, but apparently in good health. In childhood he had been difficult to rear, and his teeth decayed early. There was a history of measles, varicella, bronchitis, and of typhoid fever at the age of sixteen years, but no clue to tuberculosis in the family. The lymphatic glands were intact. The eruption began last Whitsuntide on the face, followed by lesions on the arms, and about Christmas, 1906, on the legs, unaccompanied by notable constitutional disturbance. There was no itching. The eruption was diagnosed as *Lichen ruber* by one medical man, and as *Lichen planus* by another, and tarry applications were applied.

Dr. Fox said when he first saw the patient a few weeks ago the eruption consisted of disseminated, indolent, papular, acneiform lesions dotted over the extensor aspects of the upper and lower extremities, and involving the buttocks and backs of the hands. There was no pustulation, but the acuminate lesions were suggestively follicular in origin and plugged by a central epithelial mass, which here and there simulated early pustulation. When squeezed out the plugs did not display any organism microscopically. On the face were some scar-pits, but the patient had suffered from slight *Acne vulgaris* on the face and back, and there were still a few comedones. The scalp was pityriasic, with cocci and bottle-bacilli in the scales. The mouth was intact. The lesions were evidently long-lived, and fresh ones evolved now and again.

A lesion was removed from the left thigh, and Dr. H. G. Adamson kindly studied it and exhibited a section.

He reported that the lesion was made up of (1) a circumscribed cellular infiltration in the corium, consisting mainly of epithelioid cells, with here and there masses of round mononuclear (lymphoid) cells grouped about the blood-vessels. A few typical giant-cells were also present. The cell infiltration involved both a hair-follicle and a sweat-coil and duct; (2) a broadening of the prickle-cell layer of the epidermis, which dipped down into the cell mass in the corium, and had at its free surface a horny plug of flattened nucleated epithelial (horny) cells, capped by a collection of polynuclear leucocytes (a crust or miliary abscess).

The replacement of the normal structures by the cell infiltration in the corium made it impossible to determine how the epithelial plug had arisen. The appearances suggested, however, that it had been formed at the mouth of a sweat-duct, and not around the orifice of a hair-follicle.

Mr. ERNEST LANE showed (1) a patient with a severe *tubercular syphilide* of the forehead and face, with extensive infiltration of both lips, and with vegetating papillomatous syphilides on the lower extremities. The patient, a sailor, aged 23 years, had contracted the disease two years before, and had been under constant treatment ever since, and was now suffering from mercurialism. He had lived in the tropics for two years, but not for some time before he contracted the disease.

(2) A specimen of a somewhat similar papillomatous syphilide, resembling in shape and size a placenta, recently removed from a patient with advanced tertiary syphilis.

(3) A case of *epithelioma* of the inner surface of the cheek involving both lips, especially the lower one. He gave a history of ulceration having occurred on the mucous surface of the cheek on two previous occasions, once fifteen years and once eighteen months ago, but in each case the ulcer had healed. He was admitted into the Lock Hospital as a case of syphilis, but there was no confirmatory evidence of that disease.

Dr. J. M. H. MACLEOD showed a case of a *severe burn from sulphuric acid* on the face of a man, aged 45 years. On the left side of the face, occupying the whole of the left cheek, and extending on to the forehead above and on to the neck below, there was a superficially ulcerated surface, which presented a shiny, yellowish-pink appearance, with numerous dilated vessels ramifying over it. From the surface there oozed a yellow, sero-purulent discharge, which was most profuse at the margins of the sore. Beyond the raw area the skin, for about three-quarters of an inch, was inflamed and slightly indurated. At the lower edge of the lesion the hair-follicles had been inoculated and a sycosis produced. In many respects the appearance of the ulcer was similar to that of an X-ray burn. There was a good deal of pain and burning associated with it. The history of the affection was as follows: Fifteen years before a small quantity of crude sulphuric acid was thrown at the patient. A severe burn resulted, from which the patient was confined to bed for six months. At the



end of that time the burn had healed imperfectly. It soon broke down again, however, and had continued in a more or less raw state ever since then. Occasionally it would become dry and appear to be going to heal, but the improvement was short-lived, and it soon broke again. The chief reason why it did not heal seemed to the exhibitor to be the fact that the surface offered a feeble resistance to the growth of micro-organisms, and by constantly becoming septic any attempt at healing was interfered with. It was proposed to clean the surface by applying compresses of peroxide of hydrogen (10 vols.), and then to try and skin-graft it.

Dr. RADCLIFFE-CROCKER showed two private cases of *Xerodermia pigmentosa* in a boy, aged 4 years, and a girl, aged 2½ years. The boy was born in Ceylon, the girl in England, but was taken to Ceylon when three months old, and remained there ever since. In both the disease began as "freckles" when nine months old, and these were now closely distributed over the usual area of head, neck, and arms. There was some extension on to the trunk, on the arms it extended to the shoulder, getting less dense above the elbow, and almost died out at the deltoid. There had been two growths on the forehead and nose, but they had fallen off spontaneously, and there were none now, nor any telangiectases, and very little white atrophy, and only a few rough, warty lesions on the limbs.

There was a sister, aged 8 years, who was free from all symptoms of the disease.

Dr. WHITFIELD showed a woman, aged 43 years, affected with a peculiar *pigmentation* of the lips and mucous membrane of the mouth. The patient was, and had always been, in good health, except for slight indigestion. The disease had commenced with the appearance of a small pigmented spot on the centre of the lower lip ten years ago. After this other spots gradually came, until the condition became very marked. It was doubtful whether the disease was still progressing, but it had at all events made little progress lately. The whole of the mucous membrane of the lower and upper lips, both without and within the mouth, showed numerous, small, bluish-black, pigmented spots, some discrete and about an eighth of an inch across, others confluent and forming small patches. There was, perhaps, some alteration of consistency, but it was very slight.

There were a few spots on the palate, but the tongue was quite free. There was, when first seen, a small spot on the left side of the forehead, very similar to those on the lips and of the same date. This was excised and proved to be a minute melanoma lying in the corium, and showing no connection with the superjacent epithelium. The pigment appeared to occur in blotches and streaks, and the streaks were arranged in a circular manner so as to form a whorl. On bleaching out the pigment it was found that the tiny tumour consisted of large, endothelial-like cells with extremely long processes arranged in a whorl, and on comparing the pigmented and bleached specimens no doubt could exist but that the pigment was all intracellular, the blotches corresponding to the bodies of these big cells, and the streaks to the cellular processes. Dr. Whitfield said the case was quite unique as far as his experience went, and there was no doubt that it had no relation whatever to the ordinary pigmented mole. Benign pigmented tumours of other than congenital origin were, he thought, very rare, and he had brought the case before the Society on this account.

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#### THE DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND.

A MEETING of this Society was held on April 24th, 1907, Dr. LESLIE ROBERTS, the President, in the chair.

The following cases were exhibited :

Mr. G. W. DAWSON showed (1) a case of *Paget's disease of the breast* in an old lady, aged 79 years, who had been exhibited at the November meeting of the Society (*vide British Journal of Dermatology*, vol. xix, p. 19). She had been treated with the X rays during the interval, and the improvement in her condition was now very manifest.

(2) A boy, aged 14 years, with *Keratosis pilaris*, of a somewhat pronounced type, and associated with a slight degree of ichthyosis. The palms and soles were not, however, affected.

Dr. ALFRED EDDOWES showed (1) a case of *sypilitic alopecia* in a girl, aged 16 years, who complained of great loss of hair during the last five weeks. The scalp was cedematous and tender, but the surface

was not inflamed. Inquiry into the case showed that the patient was rather hysterical, and had some vaginal discharge and condylomata on the vulva. No general eruption or sore throat was manifest, but there could be no doubt that the alopecia was due to syphilis.

(2) A man, aged 57 years, who presented an extraordinarily copious rash, consisting of large, raised, mostly flat, shining papules, and who had been treated up to the previous day (*i. e.* before he consulted Dr. Eddowes) for psoriasis. Modified as the eruption had been, probably by chrysarobin, it was nevertheless quite easily recognisable as *syphilis*. Even during twenty-four hours of appropriate treatment the severity of the eruption had lessened. The voice, too, was clearer. The eruption had lasted for four months.

Dr. GRAHAM LITTLE showed (1) a case of *rutiligo* in a child, aged about 3 years—an early age for the appearance of the disease. The history of syphilis in the parents was very strong, the mother having had a series of miscarriages and still-births. The child showed, as yet, no signs of congenital disease. Much discussion had taken place, especially in Paris, on the relations of vitiligo with syphilis, and it had been claimed that it was especially common in congenital syphilis. This was not borne out by the exhibitor's experience, and this case was shown to elicit the experience of others in this respect.

(2) A case of a *chronic ulceration*, affecting the lobe of the left ear, in a delicate-looking child, aged 13 years. The disease had persisted in this part for seven years, and the question to decide was whether the ulceration, which was rather superficial, was tubercular or merely due to chronic staphylococcic infection. The duration certainly suggested tuberculosis, and this was the diagnosis offered by the majority of members; but the ulceration was, clinically, not very clearly of that type.

(3) A case of *Tinea unguium*, all the nails of the hands and feet being diseased. The patient was an omnibus driver, aged 40 years, and had had the disease of his nails for about fourteen years. He had had to do with horses all his life, and remembered that some of his charges had had "mange" at the time of his contracting the disease. Typical and plentiful mycelium had been demonstrated in the scrapings of five of the finger-nails. The symmetry and duration of the disease were peculiar features in this case—the symmetry, in

particular—pointing rather to a constitutional cause than a local infection. The disease had consequently not been diagnosed before.

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NOTES ON THE MEETINGS OF THE DERMATOLOGICAL  
SOCIETY OF LONDON FROM 1882 TO 1894.

By T. COLCOTT FOX, M.B., F.R.C.P.

(Continued from page 187.)

TWENTY-SEVENTH MEETING, MARCH 11TH, 1885.

CHAIRMAN, DR. J. F. PAYNE.

Dr. PAYNE. (1) *Varicella gangrænosa* or “burnt holes” in a cachectic infant. Livid, punched-out holes were widely distributed, and another child of the family had varicella.

(2) A young girl with livid, cold hands and feet each winter, also chilblains and a feeble circulation.

(3) *Erythematopurpuric eruption* of the arms and legs of a woman. Mixed with the purpura were papules or nodules resembling those of *Erythema papulatum*. There were no joint pains, and the duration was only a few days.

Dr. STEPHEN MACKENZIE. *Symmetrical morphœa atrophica* of the clavicular regions, and alopecia of the head in an adult girl. The morphœa areas had undergone distinct structural alteration, and were stiffened, glazed, and wrinkled, but without evident infiltration.

Note.—See Mackenzie, *Clin. Soc. Trans.*, vol. xix, p. 308.

Mr. MORRANT BAKER. (1) *Generalised eruption of Lichen planus* in a girl (case shown one year ago). The characters of *Lichen planus* were still clear on the shoulders, but on the legs the eruption had become markedly hypertrophic and warty.

(2) *Small pustular eruption (sycosis)* in a gas-work labourer, affecting the beard region to a slight extent, the legs, and especially the thighs.

(3) *Recurrent small pustular eruption (sycosis)* in a coal-heaver, affecting the beard to a slight extent, and the legs.

Dr. BARLOW. *Lichen scrofulosorum*. A few patches with spines projecting from the follicles in a delicate child, with a strong family history of phthisis.

Dr. STOWERS. A girl with an *erythematous eruption* on the shins, previously exhibited on December 10th, 1884, and now brought to show the effect of a three months' treatment with iodide of potassium. There is a raised edge still at one part, but otherwise there is only staining and some atrophy left.

Dr. DUFFIN. *Keloid after acne* in a man, aged 24 years. Past history good. There was no history of syphilis, and no scars to be seen. The wife had had four miscarriages, and no live offspring. The patient had had acne pustules for ten years or more on the face. Last July (nine months ago) his face had become covered with small, red, shining, elevated spots, which all came out during one week, and very rapidly grew to the condition in which they were then. Some, however, had run together and produced larger tumours. There was a number of small growths present on the face, forehead, and helix of each ear; a few on the scalp, and one on the right side of the neck. About half had comedones on the summit. No hair was growing from these growths. The upper lip presented almost a papillary cauliflower growth in miniature. On each cheek, at the lower middle part, flattish oval tumours with constricted sides were seen, very like keloid growth.

Dr. Duffin pointed out the rarity of such a condition, especially on the face.

Mr. MALCOLM MORRIS. *Lupus* of the nose and adjoining cheeks in a woman, aged 41 years, of eight years' duration. The lesion was symmetrical, inflamed, and with a tendency to crusting, but there were no nodules. The case was brought to illustrate the extreme difficulty of distinguishing between *Lupus erythematosus* and *Lupus vulgaris* in certain cases.

#### TWENTY-EIGHTH MEETING, APRIL 8TH, 1885.

CHAIRMAN, DR. RADCLIFFE-CROCKER.

Mr. MORRANT BAKER. *Cheiro-pompholyx* or *acute vesicular eczema*. A young man with a first attack (one week's duration) of a papular, vesicular, and bullous eruption of the hands, forearms, and feet. On the forearms a red papular eruption went all round, but mostly on the extensor aspects. On the backs of the hands, on and between the fingers, and slightly on the palms and soles, there were small and large clear vesicles reaching to the size of a split-pea. There were also a

few bullæ, the size of a nut, and obviously composed of small vesicles. There was intense itching. The patient was pallid.

Dr. RADCLIFFE-CROCKER. *Case for diagnosis, Dermatitis herpetiformis? or Erythema multiforme?* The patient was a man of intemperate habits, who had suffered from two or three attacks in the last month. All over the abdomen was a delicate, rosy, raised, ringed, erythematous eruption, the lesions ranging in size from a split-pea to a shilling. There was no vesication except on the feet, where a few bullæ existed. Burning and itching were experienced, especially at night.

# TWENTY-NINTH MEETING, MAY 13TH, 1885.

CHAIRMAN, MR. MALCOLM MORRIS.

Dr. STEPHEN MACKENZIE. (1) A case to show the successful result of the treatment by Ung. belladonna in a very severe case of *acne of the back*. Previously shown on October 8th, 1884.

(2) *Papilloma* on the back of the hand of a woman after an injury.

Mr. MORRANT BAKER. A conspicuous, deep, brownish-black, round patch of pigment, the size of a sixpence, in the cheek of a young woman. The case was brought to elicit expressions of opinion as to the best methods of treatment.

Mr. HUTCHINSON. A case of *tuberculated leprosy* in a boy.

Dr. RADCLIFFE-CROCKER. A case of *Lichen planus* with marked involvement of the buccal mucous membrane.

Dr. COLCOTT FOX. (1) A well-marked case of *Impetigo contagiosa* (Tilbury Fox). Brought in order to elicit opinions as to the precise application of this term.

*Note.*—See exhibitor's paper, *Proceedings of Medical Society of London and Westminster Hospital Reports*.

(2) A small, pustular eruption of the hair-follicles of the legs (sycosis?).

Mr. MALCOLM MORRIS. A remarkable case of generalised *hypertrophic Lichen planus* in a cook, who suffered from great depression of spirits. The usual characteristics of the papules were lost, though they were obvious at first. The hypertrophy was very marked, and produced thick, fleshy masses. There was deep pigmentation and severe itching, and but little scaling.

*Note.*—For a somewhat similar case see Fox, *Westminster Hospital Reports*, 1886, p. 158 (Elizabeth A—). Refer also to Baker's case, *Path. Soc. Trans.*, Lond., vol. xxxi, p. 334.

### THIRTIETH MEETING, JUNE 10TH, 1885.

CHAIRMAN, DR. J. F. PAYNE.

MR. MORRANT BAKER. *Lymphangioma* (Lupus lymphaticus, or Hutchinson's "vesicular warts") in an adult girl on the folds of axilla, and more or less down to the elbow. The lesions presented the usual characteristic features. The majority were vesicles with a warty setting. Some were apparently flat papules. Mixed with these were bright red specks. The eruption occurred in confluent groups. Some of it was probably congenital.

A discussion ensued upon the nature and proper naming of the condition.

DR. ROBERT LIVEING. (1) *Scrofuloderma* (?). A circular lesion, the size of a shilling, in the centre of the back of the neck, the edge inflamed, but not markedly indurated. The centre had been ulcerated, but had healed up. It began as a nodule in the skin. The cervical glands were enlarged. There was no general eruption.

(2) *Miliary corymbosa syphilide* simulating Lichen planus. A young woman with a copious papular eruption on both arms and legs, and some stains on the face. The throat was congested. The somewhat scaly, dark red papules were the size of split-peas, but were seen, on close scrutiny, to be made up of congeries of tiny pin-head papules, bearing a striking resemblance to Lichen planus. The patient admitted the contraction of syphilis.

(3) *Unusual papular syphiloderm*. A young man with an ulcerated throat and sparse, symmetrical patches of papules on the shoulders, limbs, and trunk. These dark papules were the size of a split-pea, and some were umbilicate or discoid, and, when confluent, formed the above-mentioned patches.

DR. PAYNE. *Lichen scrofulosorum*. A very white, pasty, delicate-looking child, aged 6 years, whose mother died of phthisis. The patient had patches round the trunk composed of miliary flattened papules, faded in colour. They covered, also, the dorsum of the foot. The duration was nine months.

This eruption was considered to be a Lichen scrofulosorum, though the papules were not conical.

Dr. WICKHAM LEGG. *Keratosis pilaris (spinulosus)* in a child, aged 6 years, *i.e.* patches on the back of the neck, around the trunk, on the buttocks, etc., composed of aggregated, erected follicles, from which long spines projected.

Dr. Crocker called it *Lichen pilaris* and thought it was inflammatory. Mr. Baker and Dr. Liveing considered it distinct from *Lichen scrofulosorum*.

Dr. STEPHEN MACKENZIE. *Case for diagnosis, (? syphilis)*. An old man with ragged, exfoliated papules, the size of a split-pea, on the right palm. The eruption had wandered a third of the way up the flexor aspect of the forearm, and the recent spreading edge was composed of dark, coppery papules. The general opinion was opposed to the diagnosis of syphilis (subsequent progress not known).

Dr. J. J. PRINGLE. *Persistent erythema of hands (? specific)* in a woman (E. W—), aged 47 years. The patient was married in 1859, and had been pregnant seven times. The first five children were born dead at the sixth month. She had afterwards two apparently healthy children, the first of whom died of scarlet fever, aged 4 years; the other was alive and well. Soon after her marriage she suffered from severe sore throat, and had been subject to sore throats ever since. About twenty years before, she had some sort of rash on the chest and abdomen, not itchy or painful, and attributed to a warm bath. On May 25th, 1885, whilst out walking, she lost the power of speech for a few minutes. On the following day her right hand became suddenly powerless; she did not lose consciousness. She came under observation as an out-patient at the Middlesex Hospital on May 3rd, with marked paresis on the right hand and forearm, and absence of triceps-jerk on that side. The paresis had improved greatly. For the last two months her memory had been extremely defective, and it was difficult to obtain a coherent account of her history and symptoms. The heart was normal. The condition for which the patient was shown was of many (? ten) years' standing, and had never given rise to any subjective symptoms except when irritated by washing with soda, and occasionally in cold weather, when it became "sore."

Dr. RADCLIFFE-CROCKER. *Erythema multiforme ?, simulating rosacea*. A man, who in the last twelve months had developed all over his face an eruption now quite indistinguishable from *Acne rosacea*. There were some acneiform pustules. The backs of the hands, however, were the seat of a fading erythematous eruption.



Dr. COLCOTT FOX. *Lupus vulgaris*, involving the mucous membranes, in a girl (E. H—), aged 19 years. The oldest patch in the neck was of six years' duration, and followed softening and bursting of scrofulous glands. There were also patches on the forehead, nose, and breast, and on the mucosa, commencing on the centre of upper gum, also on the hard palate and pharynx.

THIRTY-FIRST MEETING, JULY 8TH, 1885.

CHAIRMAN, DR. ALFRED SANGSTER.

Mr. HUTCHINSON. (1) *Tubercular leprosy* in a man from a mountainous inland district of the Cape Colony. The body and limbs were thickly covered with coppery, slightly raised, smooth nodules the size of an imbedded bean. The face was swollen and infiltrated. There was probably defective sensation in parts. The hands and feet were swollen. It was said to have begun with lesions on the legs. Probably a brother and a neighbour were affected.

(2) Drawing of a very large untreated *hard chancre* of the upper lip; cervical glands enormously enlarged.

(3) A woman recovering from *generalised sclerodermia*. The face and hands were still a little stiffened. The finger-ends were undergoing atrophy and absorption from repeated, intensely painful, attacks of Raynaud's disease. There was a patch of gangrene, 1 in. square, on one internal malleolus.

Dr. COLCOTT FOX. *Circumscribed patches of canities*, in a young man, in the head, axilla, and pubes. They exactly corresponded to patches of Alopecia areata, but the hairs did not fall and were not broken. There were also one or two isolated, white hairs on the arms. There was no true leucodermia, although the skin of the affected regions was apparently a shade whiter than usual. The duration was two and a half years. There was no neuralgia, prior eruption, or alopecia.

Dr. RADCLIFFE-CROCKER. (1) *A mixture, in a man, of the miliary corymbose syphilide* with a larger papulo-pustular eruption. It was noted that many of the papules were indistinguishable from those of Lichen planus.

(2) *A follicular affection for diagnosis (? a syphilide)*. On the face the lesions somewhat resembled Molluscum contagiosum, and pre-

sented a central aperture. On the limbs and trunk the eruption was acneiform.

See Crocker's *Diseases of the Skin*, 2nd ed., p. 711, *Acne Keratosa*, and *Brit. Journ. Derm.*, January, 1899.

Dr. STEPHEN MACKENZIE. *Lupus erythematosus discoides* of the face and neck in a woman, aged 40 years. No glands were involved. The eruption consisted of round coppery discs, looking much like a syphilide, some scarred in the centre. She had had a patch on the neck, she said, before her marriage, fifteen years ago, but most had evolved lately.

Mr. CLINTON DENT. A typical case in a man of a *small papular syphilide*, which in places becomes acneiform. The eruption was copious, generalised, rounded or oval, nearly the size of a split-pea.

Mr. WARREN TAY. *Lupus lymphaticus* (Hutchinson) on a child's neck. Began at three or four years of age. There were dark purple points associated with the vesicles.

Dr. PAYNE. *Lichen (keratosis) spinulosus*. The whole trunk was covered with erected follicles, from which spines protruded. The eruption was, for the most part, not patchy, but uniformly distributed. There are, however, patches. The duration was two months old, and the evolution rather acute.

Dr. PRINGLE. (1) *Persistent erythematous eruption* (? *Lupus erythematosus*). A livid red blush involving the hands and wrists symmetrically, and closely resembling case shown on June 10th, 1885.

(2) A case of *maculæ et lineæ atrophicæ* in connection with trigeminal neuralgia and facial paresis, in a man (H. W—), aged 62 years. In June, 1884, the patient appeared to have had a partial sun-stroke whilst making hay. He had since suffered from constant right-sided hemicrania, with marked tenderness over the supra-orbital foramen, and eye trouble (iritis, posterior polar cataract). The affection of speech and dragging of face to the left were of about three months' duration. The sensation over the discoloured patches was decidedly diminished.

*Note.*—Some members suggested that this case was one of delicate scarring after Herpes ophthalmicus.

Mr. MORRANT BAKER. *Case for diagnosis*. A delicate-looking young man, subject to frequent outbreaks of eruption. The whole surfaces of the hands had become covered with flat, puriform, confluent

bullæ. The belly and lower part of the forearms were dotted over with large erythematous, raised, flat papules, resembling a declining ecthyma. On the latter situations the lesions did not pustulate. Syphilis was not suspected. The nature of the case was doubtful.

THIRTY-SECOND MEETING, OCTOBER 14TH, 1885.

CHAIRMAN, DR. J. HERBERT STOWERS.

Dr. CAVAFY. *Comedones* of the scalp, over and behind ears, mostly on the left side, in a delicate man, aged 21 years.

Dr. STOWERS. *Disease of nails after suppuration of their beds.* Two years' duration, said to date from inoculation from some pustular disease in a horse, with thickening and heaping up at the borders of the nail and separation.

Mr. MORRANT BAKER. *A typical case of Wilson's Lichen annulatus* of the chest and back for discussion. There was slight seborrhœa of the scalp. There was a general consensus of opinion expressed that a majority of patients with this disorder wear flannel (hence the term "flannel-rash"), and this was often unchanged night and day.

Dr. PRINGLE. *Macular sclerodermia* in a woman, aged 22 years (R. L—), suffering from exophthalmic goitre. Father and mother suffered from chronic rheumatism. One brother had had acute rheumatism. The patient had enjoyed good health till the age of fifteen, when menstruation, which had begun a year previously, stopped. The eyes became prominent, the throat swelled, and she suffered from palpitation (*Graves' disease*). For these symptoms she was admitted to University College Hospital six years ago; she had gradually improved ever since. Two years before she had attended the Out-patient Department of the Middlesex Hospital for four bald patches on the crown of the head, two being in the middle line and one on each side. The patches were circular, and about the size of a halfpenny (*Alopecia areata*). They recovered in about five months. About four years before she had noticed a *general increase of pigmentation* of the skin, most marked in the groins, axillæ, flexures of elbows, and around the nipples. There was no pigmentation of the mucous membrane of the mouth. The condition for which patient was shown was first noticed about two years ago (coincidentally with "alopecia") about both wrists, where almost complete recovery had taken place. The lesions were

symmetrically arranged behind ears, on the nucha, and sides of the neck, following the cervical nerves down to the clavicles. There were symmetrical patches on the elbows (very slight), over the gluteal regions, in the popliteal spaces, and round the lower portion of the thighs, where the garters are fixed. These last spots represented the lesions of most recent occurrence. There were no subjective symptoms. The lesions varied in size from a split-pea to a fourpenny piece. They were distinctly raised at first, but later on had become atrophic (see March 10th, 1886). There was appreciable hardness, and a vascular halo round the larger patches on the neck.

*Note.*—The case completely recovered (vide *Clin. Soc. Trans.*, vol. xix, p. 313).

Dr. STEPHEN MACKENZIE. *Leprosy? Sarcoma? Mycosis fungoides?* in a sailor, who had been much abroad. On the trunk, back and front, were numerous coppery, non-scaly, smooth, or usually roughened infiltrated areas and nodosities, some papillated, reminding one of hypertrophic Lichen planus of the legs. A few existed in the face, which was otherwise unaltered. About the navel were some raised, mahogany-coloured, oval infiltrations, with a macular, coppery areola. The ulnar nerves were not distinctly thickened, but there was a difference of opinion on this point. The palms were covered. There was no anæsthesia, the glands not enlarged, and the whole of recent date. The slight degree to which the face was involved was a point against leprosy.

Dr. PAYNE. *Scleroderma* in a band-like patch down a woman's leg. The leg was œdematous, apparently from compression of the veins.

Dr. COLCOTT FOX. *A papulo-vesicular eruption* for diagnosis in a girl (P. D—), aged 7 years, who was said to have been taking by mistake one-ounce doses of Syr. Ferri hypophosp. three times daily for a fortnight. For the last week an acute generalised eruption had appeared. On the face, legs, and trunk was a discrete, crowded, pale pink, small, papular eruption, which was at first intensely itchy. On the forearms the papules were rather larger, and on the backs of the hands quite pale. On the forearms, especially the extensor surfaces, were vesicles, with clear contents, as large as split-peas. There were a few on the palms. There was no special itching. The child looked healthy. At first the arms were much swollen, and the glands were enlarged in the neck and groins.

*Note.*—This acute attack subsided, but the eruption continued for two years,

when the exhibitor lost sight of the case. In December, 1885, he noted that the great flexures were free and also the mouth, but there were a few on the scalp, more on the face, arms, and scalp, and much on the body. There was evidently much irritation, as seen by the blood crusts and excoriations. The lesions appeared mostly at night. In May, 1887, he noted that the child had never been quite free, though several times nearly so. The mother many times described the eruption as appearing at night, and when the girl was heated, in the form of nettle stings. No relief was experienced until the eruption was torn. There was also a strong tendency for the lentil-sized papules to vesiculate and to appear in lines down the arms as if from scratching. There was never any grouping characteristic of *Dermatitis herpetiformis*.

### THIRTY-THIRD MEETING, NOVEMBER 11TH, 1885.

CHAIRMAN, DR. RADCLIFFE-CROCKER.

Dr. CAVAFY. *Verrucæ planæ*. A dull-witted boy with a remarkable development of warts on the face and trunk. On the face they were mostly the size of small pin-heads and closely set, especially in a band on each side following the fold of the cheek from the centre of the nose to the inferior dental foramen. Many of the younger ones were the same colour as the surrounding normal skin, but most were pink and congested, giving the skin a striking appearance. They were all plain, and smooth, and flat-topped. On the body they were scantily disseminated and uncoloured, and were most freely distributed in the subaxillary region.

Mr. MORRANT BAKER observed that he had seen several such cases in Dr. Fletcher Beach's *Idiot Asylum*. (? So-called *Adenoma sebaceum*.—T. C. F.)

Dr. RADCLIFFE-CROCKER. *Hydroa herpetiforme* (*Dermatitis herpetiformis*) in a tall, slight, young man, looking very ill, who had been an in-patient at University College Hospital for some time. The duration of disease was only nine months, and was kept up by relapses. The whole surface was covered with closely-set, round or oval, pigmented areas, which had been left by bullæ. Many began as erythematous macules, and ended as bullæ. On the abdomen there were evolving some erythematous macules and herpetiform clusters. Lesions had been seen on the tongue and palate.

Dr. GOODHART. *Bromide of potassium eruption* (*Bromide condylomata* or *Bromide kerion*) in a girl, aged 13½ years, who had taken the drug for a long, but uncertain, time for epilepsy (since May, 1884). The eruption had appeared about the second week in September, and

the drug was stopped one week later. The legs were chiefly affected. On the mid-calf of left leg were three raised, infiltrated papilloma- or condyloma-like excrescences, one  $2\frac{1}{2}$  by  $1\frac{1}{4}$  in. in area.

*Note.*—The appearances were exactly such as have been described in other cases as “confluent acne,” “circumscribed phlegmonous dermatitis,” or “bromine tuberculo-pustuloderm.”—T. C. F.

Dr. COLCOTT FOX. (1) A child with a curious diffused *Lichen scrofulosus*?

(2) *Lymphangiectodes*, drawing of a case of, with microscopical sections.

See *Path. Soc. Trans.*, vol. xxx, p. 470, and vol. xxxiii (S. R.), p. 49.

(3) *Pityriasis maculata et circinata* (Duhring) in a man, aged 36 years.

*Note.*—The case is noted in full in the *Westminster Hospital Reports*, vol. xi, 1886.

#### THIRTY-FOURTH MEETING, DECEMBER 9TH, 1885.

CHAIRMAN, MR. W. J. WALSHAM.

Mr. THOMAS SMITH, introduced by Dr. DUCKWORTH. *Case for diagnosis.* A middle-aged man from New Zealand presented beneath the left jaw a soft pendulous mass, the size of a cricket ball, simulating a fibroma or fatty tumour. Another tumour on the vertex, and a third about the same size (2 in. by 2 in.) were ulcerated. Situated about the cheeks were several others, from a nut to a walnut and upwards, and looking like fibromata. On the scrotum were two more, and several had disappeared. The duration was quite seven years. It was said to have begun with eczema. The health was fairly good; he was not losing flesh. There were no signs of leprosy. The general opinion was that the case was one of inflammatory fungoid neoplasm or *Mycosis fungoides*.

*Note.*—Refer to the case recorded by Thomas Smith and Edgar Willett in *St. Bartholomew's Hospital Reports*, vol. xxvi, 1890, Plate entitled “Fibromatous Growth in the Skin of the Neck, with Disseminated Tubercles about the Body.” Histologically a spindle-celled sarcoma.

Mr. J. BLAND-SUTTON, introduced by Dr. LIVEING. *Specimen of harlequin fœtus.*

See *Plate Med.-Chir. Soc. Trans.*, vol. lxi, 1886, with microscopical specimens.

Dr. CAVAFY. *Rodent ulcer*, the size of a five shilling piece, on the

right cheek of a man, and invading the eyelid. The edge of new growth bordering the very superficial ulcer was very narrow.

Dr. PYE-SMITH. *Sycosis frambæiformis capillitii?* or *ulcerating tuberculated syphiloderm*, in a middle-aged woman. Those who contended that it was really a syphiloderm pointed out that the nucha had been the seat of much ulceration, whence keloid or hypertrophic scars had resulted. There were none of the tufts of hairs characteristic of *Sycosis frambæiformis capillitii*. There was an ulcerated nodule on the occiput, and others over the neck and shoulders, and clavicles; also old scars on the left elbow.

Dr. COLCOTT FOX. (1) *A typical case of Lichen circinatus of the trunk* (Wilson), brought to raise a discussion, and as an illustration of the exhibitor's contention that it was really seborrhœa. The man had slight seborrhœa of the scalp, and a hypertrophic nose with seborrhœa.

(2) *Drawing made in 1882 of a Leucoderma syphiliticum* (Hardy and Fournier) of the neck of a girl, who had been under treatment for syphilis.

Dr. PRINGLE. *Acne varioliformis of the trunk* in a man, aged 44 years. An acneiform eruption had appeared on the forehead and scalp about a year ago, when the patient was an inmate of Hanwell Asylum, successive crops coming out for about six months. The patient stated that the present "efflorescence" began three weeks before. When he came under the exhibitor's notice on December 2nd the recent lesions were confined to a zone on the upper chest and back. Those situated in the beard and scalp were first seen on December 7th. The pitting was not very marked, nor were there sunken crusts. The patient had advanced phthisis. There was no history or objective evidence of syphilis.

Dr. RADCLIFFE-CROCKER. *Drawing of a case of Pemphigus foliaceus* in a woman in the Temperance Hospital, afterwards admitted into University College Hospital, where she died from the disease.

#### THIRTY-FIFTH MEETING, JANUARY 13TH, 1886.

CHAIRMAN, DR. J. SYER BRISTOWE.

Dr. PRINGLE. *Lichen scrofulosus?* in a man, aged 53 years. The patient came under observation at the Royal Hospital for Diseases of

the Chest. He presented all the physical signs of advanced pulmonary phthisis, most marked over the right upper lobe. He stated that four years before he had had an abscess under the angle of the jaw on the left side, and had had a succession of abscesses since corresponding to the cervical and axillary lymphatic glands, some of which had healed, leaving deep scars. Those in the right axilla were still discharging freely. He was unable to give any history of his skin-eruption, which was attended by no subjective symptoms. The papules exhibited characteristic grouping in circles confined to the back; they were considerably larger than those described by Hebra and others as occasionally occurring in adults, being generally nearly about the size of a split-pea. Their colour was a dusky, brownish-purple, and they must formerly have been more raised, as all presented "atrophic scarring." The age of the patient was remarkable, previously described cases being in much younger individuals. On the penis was a depressed, non-indurated, white scar, the original lesion dating back thirty years. There were no traces of syphilis elsewhere.

MR. HUTCHINSON. *Drawing of an erythematous eruption of the hands, produced by chloral.*

*See Archiv. of Surgery.*

### THIRTY-SIXTH MEETING, FEBRUARY 10TH, 1886.

CHAIRMAN, DR. JOHN CAVAFY.

DR. CAVAFY. *Case for diagnosis (? syphilis).* The left leg of a woman with deep pigmentation, and in one part infiltration. There were also small round ulcers and other small scars.

DR. RADCLIFFE-CROCKER. (1) *Localised varicella?* An eruption on the chest and slightly over the shoulders and upper arms of a child, in scanty clusters, indistinguishable in character from varicella. Duration two days. Temperature 99° F.

(2) A typical example in a man of Duhring's *Pityriasis maculata et circinata*, now disappearing from the back and arms, but quite typical on the abdomen. The lesions were lighter in colour than a syphilo-derm. The macular spots and rings reached the size of a shilling.

DR. PRINGLE for DR. WILLIAM DUNCAN. (1) *Tongue of an infant covered with heaped-up white epithelium.* The tongue had been much enlarged (? syphilis).



Dr. COLCOTT FOX. (1) *Symmetrical multiple lipomata and remarkably widespread linear atrophy* in a man.

N.B.—The case was recorded in the *Westminster Hospital Reports*, vol. iii, 1888, p. 107, with remarks on the history and causation of linear atrophy. The man was subsequently in the hospital under Dr. Donkin with cirrhosis of the liver. See R. W. Taylor's case, with portrait, in *New York Med. Journ.*

(2) *Extensive sycosis* of the hairy regions of the face, and extending far into the scalp.

Dr. LIVEING. *Lupus erythematosus* in a girl. Typical patches on the scalp, also fairly so on the side of the nose. The whole face was covered with fading erythematous blotches which were remarkably superficial.

Dr. STEPHEN MACKENZIE. (1) *Lichen circinatus* (Wilson) of the chest, consisting of typical rings with many isolated, erected follicles, which also studded the back. Diagnosis: Weeping eczema, or inflamed seborrhœa of the scalp. The patient wore flannel.

(2) *Lupus hypertrophicus or syphilis?* Many crusted patches of nodules over the right eyebrow, and regarded by most as the former (cured subsequently by scraping).

Dr. PAYNE. *Case for diagnosis* in a girl, aged 16 years. On each cheek, below the malar bone, were a few subcutaneous livid nodules, the size of imbedded peas. One was excoriated. On the outside of the arms down to the elbows were similar purplish, subcutaneous lumps, reminding one of the phlegmonous syphilides of infants. They scarcely projected above the level of the surrounding skin, but were discoloured, purplish, and were readily felt as nodules in the skin. They did not suppurate or ulcerate. There were no subjective sensations. The fingers looked as if the seat of severe chilblains. Some phalanges suggested dactylitis. In one there was a suspicion that the bone was enlarged. Duration six months.

See Dr. Mackenzie's case shown at an earlier meeting, November 12th, 1884.

### THIRTY-SEVENTH MEETING, MARCH 10TH, 1886.

CHAIRMAN, DR. ROBERT LIVEING.

Dr. LIVEING. *Raynaud's disease?* in a man. There was much hypertrophy of the index finger of either hand. The bone appeared to be greatly enlarged, especially of the proximal phalanx, but the distal

phalanx had the appearance of being rather smaller than natural, but, at any rate, was not enlarged. The skin of these fingers and the neighbouring portion of the hand was livid but not cold. Some of the toes were similarly affected. The nose was livid and swollen. There was a livid, swollen patch on each cheek the size of a split walnut. These lesions were the result of a chronic process and not a painful paroxysmal process.

Dr. COLCOTT FOX. An adult girl with *Raynaud's disease* (bluish fingers and blood blisters of the finger-tips), of three months' duration. Superficial, livid, purpuric-looking spots and blotches developed like an *Erythema multiforme*, on each shin and foot, but could be made to disappear on pressure. Gradually superficial gangrene of some of the bigger patches set in on one shin, forming black eschars, and some similar specks appeared on the smaller patches. Congestive blotches appeared along the outside of the feet at the junction with the sole, and bigger, rounded patches on the inner side of the feet beneath the ankle. The left leg was most affected. The fingers and toes not involved. No "dead fingers." The feet were very cold, and when they got warm, very painful. They were not affected before that winter.

Dr. BARLOW agreed in the diagnosis.

Note.—See *Westminster Hospital Reports*, vol. ii, 1886, p. 170.

Dr. COLCOTT FOX, for Dr. BRISBANE. *Relapsing annular erythema, or urticaria, or Dermatitis herpetiformis erythematosus*. A healthy-looking man of good physique, who has suffered from three attacks of rheumatic fever, the last in August, 1885. The heart was not diseased. The eruption appeared suddenly six months ago after eating oysters, and lasted two to three days. He had suffered many relapses from that time. He had worked hard, but otherwise there was no special cause, and no neurotic history. The present relapse was like the others in nature and course, but the urticarial element was not so obvious. The eruption began on the top of the back, and gradually spread. Disseminated over the trunk, and mostly posteriorly, over the shoulders and deltoids and buttocks, were fairly symmetrical crescentic and annular pink macules, reaching in size the area of a shilling or half a crown. The patches were coloured all over, but the central part tended to fade. The borders were distinctly marginate and papulated. The patches formed gyrate patterns. There was intense

pricking irritation, which destroyed his sleep. The face was the seat of patchy, indistinct congestion.

*Note.*—Dr. BRISBANE said that the attacks continued for several months, but grew weaker and less frequent, and finally ceased. In January, 1889, he had another relapse.

Dr. RADCLIFFE-CROCKER. (1) *Molluscum fibrosum* in a man, aged 26 years. The affection began at twelve to fourteen years of age. There were hundreds of disseminated soft growths on the trunk and limbs, ranging in size from a pin's head upwards. The smaller felt solid, the larger were compressible and cyst-like. Over the sacrum was a soft compressible tumour the size of an orange. The man was not over bright in intelligence.

(2) *Rodent ulcer* near the eye of a woman, aged 80 years, showing the very superficial character of the growth, the presence of a characteristic edge only at one part, and the spontaneous cicatrisation of the rest.

Dr. LEES. A case of *rodent ulcer* situated at the angle of the mouth, and presenting many of the characteristics seen in Dr. Crocker's case. There was only a tiny rim of growth left on one side.

Mr. MALCOLM MORRIS. *Lichen pilaris*, acutely developed, in a man after scarlet fever. The eruption was reddish in colour, miliary, papular and follicular. Many lesions showed projecting spines. The eruption was limited almost exclusively to the trunk and extensor surfaces of the upper arms, and was, for the most part, uniformly distributed, and not patchy.

A discussion arose as to the appropriate name for these follicular affections, and, in attempting a diagnosis, *Keratosis pilaris*, *Lichen pilaris*, and *Lichen scrofulosorum* were passed in review.

Dr. PYE-SMITH. A case of *Lichen planus* in a man, to demonstrate the saucer-like or discoid character of some of the lesions, which were the size of split-peas, and hollowed out or almost ringed.

Dr. STEPHEN MACKENZIE. *Dermatitis herpetiformis vesiculosa* of fifteen months' duration. The whole body and face and limbs were studded with excoriations, mostly small, and scratches, so that the nature of the eruption was, in great part, indistinguishable. However, here and there, and especially on the back, were patches, the size of a shilling, of clear herpetic vesicles. The lesions appeared as erythematous patches, accompanied by intense irritation. On the face the

lesions were more disseminated. On the trunk there was fair symmetry and some indication of a distribution along the lines of the nerves.

See June 9th, 1886; November 10th, 1886; March 15th, 1888.

THIRTY-EIGHTH MEETING, APRIL 14TH, 1886.

CHAIRMAN, MR. JONATHAN HUTCHINSON, F.R.S.

Dr. GOODHART. *Declining bromide eruption* in an idiot girl. The lesions were aggregated mostly on the legs, and were covered with peculiar brownish crusts.

Dr. RADCLIFFE-CROCKER. (1) *Persistent urticaria* of the face and hands in an adult since the age of seven years. It was with difficulty recognised as an urticaria. The affected regions were covered with finger-nail-sized excoriations. There seemed to be, however, little doubt of its urticarial nature, though Mr. Hutchinson suggested the name, "winter or summer prurigo."

*Note.*—This case was believed to be the same as that (Mary S—, aged 25 years) recorded later by Dr. Fox in *Westminster Hospital Reports*, 1888, vol. iv, p. 149. Each lesion as it appeared was torn out by the nails.

(2) *An aggregation of tuberculated syphilides* between the inner angle of the right eye and the bridge of the nose and on the neighbouring cheek. Brought to confirm diagnosis.

(3) *Sycosis of the middle portion of the upper lip*, drawing of, with much infiltration and enlargement, simulating an epithelioma, but cured in a short time by means of bicarbonate of soda lotion.

(4) *Dermatitis herpetiformis bullosa*, drawing of. The case looks at present like a severe one of pemphigus, but Dr. Crocker has observed in the frequent relapses almost all phases of *D. herpetiformis*. This case was shown before on November 11th, 1885.

Dr. LIVEING. *Curious case of psoriasis simulating ichthyosis* in a young woman. The face looked like a declining erythematous eczema or a reddened irritated ichthyosis. It was shiny and red. The scalp also looked like a declining eczema or inflamed seborrhœa. The neck and upper part of the trunk reminded one of Pityriasis rosea. The upper part was uniformly involved, but there was obvious inflammatory infiltration and but little scaling. The lower half of the trunk displayed the primary lesions very closely aggregated, and ranging in size from

a millet-seed to a split-pea, red in colour, slightly projecting, soft, rounded papules, but without scales. What conclusively demonstrated the nature of the case was the existence below the knees of typical patches of scaly psoriasis. There was no eruption elsewhere.

Dr. LIVEING. *Varicelliform syphilide* or *Dermatitis herpetiformis pustulosa*? Much of the eruption was pustular, split-pea in size, without much base, but other lesions presented a solid base. The pustules were rounded and not quite of the acneiform type. There was intense pruritus, and the tops of the lesions were torn for the most part and surmounted with a blood-crust. Some of the eruption on the chest was papular, and the papules were discoid and eroded in the centre. There was little tendency to grouping. The face was only slightly involved. There was glandular enlargement in the groins, etc., no sore throat, and a denial of syphilis.

Mr. HUTCHINSON thought the prepuce presented signs of a sore. The duration was four months.

Dr. LIVEING pointed out the widespread character of the eruption and the intense itching, but the general opinion was in favour of the diagnosis of syphilis.

Dr. COLCOTT FOX. *Cases for diagnosis*: Three children of a family with multiform lesions, viz., cyanotic extremities, warty and vesicular growths on the hands, psoriasiform patches, and subcutaneous chronic swellings.

See also June 10th, 1891.

*Note.*—These very curious cases were recorded in the *Westminster Hospital Reports*, vol. iii, 1888, p. 125. R. B— had what is now known as angio-keratoma. (See the exhibitor's paper, with figure of microscopical section, *Illustrated Med. News*, July 27th, 1889, p. 73, and Dr. Pringle's paper, *Brit. Journ. Derm.*, Nos. 34, 35, 36, vol. iii, 1891.)

Mr. HUTCHINSON. *Feigned disease*. A drawing of the arm of a very hysterical girl, showing a gangrenous patch on the outside of the limb, the size of the palm. The patch was originally of smaller size, but when healing a peripheral zone also became gangrenous.

Mr. Hutchinson suspected the use of acid.

Dr. PAYNE. A microscopical specimen of the *fungus of erythrasma*. See *Path. Soc. Trans.*, vol. xxxvii, p. 516.

### THIRTY-NINTH MEETING, MAY 12TH, 1886.

CHAIRMAN, Dr. ROBERT LIVEING.

Dr. CROCKER. A most remarkable hereditary generalised case of

*Psoriasis follicularis.* A number of relations on the mother's side had it for several generations.

See July 14th, and October 13th, 1886.

*Note.*—Portrayed in exhibitor's *Atlas*, Plate XXVI.

Dr. SANGSTER. *Lupus erythematosus* of a girl's face, to illustrate the disappearance of the patches under simple soothing treatment.

Dr. PYLE-SMITH. (1) *Psoriasis*, a man suffering from, who had also acquired syphilis. The papules of the two affections were seen inter-mixed, but the original psoriasis lesions remained unaltered.

(2) *Scrofuloderma* in a boy with adenitis and large patches of lupus-like inflammation.

The majority of members agreed that there was a distinction to be drawn clinically, between such an affection and *Lupus vulgaris*.

Dr. PAYNE. *Two drawings of granuloma fungoides.*

See *Path. Soc. Trans.*, vol. xxxvii, 1886.

Dr. COLCOTT FOX. *Microscopical specimens of the fungus of erythrasma.*

#### FORTIETH MEETING, JUNE 9TH, 1886.

CHAIRMAN, DR. ROBERT LIVEING.

Dr. COLCOTT FOX. *Two kittens with favus.*

Dr. STEPHEN MACKENZIE. (1) A man with *Dermatitis herpetiformis*, previously shown. The buccal mucous membrane has been involved for eighteen months.

See March 10th, 1886, and Nov. 10th, 1886.

(2) *Very extensive nævus*, brought to elicit views on treatment.

(3) *Case for diagnosis.* Keratosis pilaris, or *Lichen acuminatus*.

Mr. WARREN TAY. (1) *Case of Ichthyosis follicularis.*

(2) *Case of Myositis ossificans.*

#### FORTY-FIRST MEETING, JULY 14TH, 1886.

CHAIRMAN, DR. D. B. LEES.

Dr. RADCLIFFE-CROCKER. (1) *Lymphangiectodes of the neck* (private case).

(2) *Lichen planus* in an infant, aged 1 year.

(3) *Urticaria pigmentosa*, drawing of a case of.

(4) *Psoriasis follicularis*, drawing of the case of, previously shown on May 12th, 1886, and October 13th, 1886.

Dr. PAYNE. (1) *Pityriasis rubra*.

(2) *Microscopical specimens of torula* (?) from recent scurfy patches of alopecia.

Dr. LEES. *White macules (vaso-motor spasms?)* on the legs and forearms of a man, with *tabes dorsalis*. No itching.

Dr. STEPHEN MACKENZIE. (1) *Mycosis fungoides*, previously shown on October 14th, 1885. (Subsequently typical granulomatous tumours developed and the case proved fatal, not yet published.)

(2) *Drawing of a case of Pemphigus foliaceus*. (Subsequently died. Eruption continued till death. Not yet published.)

Dr. COLCOTT FOX. Two cases (sisters) of *Lichen scrofulosorum*, one with iritis.

(To be continued.)

## CURRENT LITERATURE.

**THE STUDY OF NUTRITION IN SKIN DISEASES. III.—THE URINE OF PSORIATICS.** BROcq and AYRIGNAC. (*Ann. de Derm. et de Syph.*, May, 1906, p. 433.)

THE first part of this paper is devoted to defining what the authors regard as "criteria of psoriasis," and a timely protest is made against the attempt to make the diagnosis of psoriasis rest upon its histological characters as defined by Sabouraud, instead of its clinical features. The clinical aspect is restored to its proper place of premier importance, and formed the basis of diagnosis in the cases in which this research was undertaken.

Previous writers have recorded certain results which tend to show that in psoriasis there is a constant diminution of the nitrogenous coefficient in the urine; an increase of uric acid at the expense of urea, a diminution of chlorides, phosphorous and neutral sulphur, and a constant hyperacidity; but in these experiments little account appears to have been taken of the diet of the patients during the observations, a fact which, in the opinion of the authors of this paper, vitiates their results. In the record here made, the diet regulated and registered in each case, the food and drink being carefully weighed and measured, and the patients unable to obtain any but that ordered. In the ten cases thus minutely observed tables are furnished, with the details of elimination as regards quantity and nature of each constituent, in comparison with diets which are labelled milk, milk and meat, vegetarian entirely, excess of meat, milk-vegetarian, milk-vegetarian with hydrocarbon, excess of hydrocarbon, mixed meat. It was found that the same individual varied enormously in the proportion of the eliminated con-

stituents with the diet on which he was fed. It was found that the excretion of chloride, phosphoric acid, sulphur, and nitrogen was in proportion to the amount of chlorine, phosphorus, sulphur, and nitrogen taken as food. The conclusion is inevitable that "there is no normal chemistry of the urine," but a "chemistry of the urine normal for each form of diet." The coefficients of the urine of healthy persons with each form of diet as ascertained in a thousand analyses is then compared with the coefficients as ascertained with the same form of diet in psoriatics. As the result of the comparison the authors confirm the statements of previous experimenters that the proportion of uric acid to urea was increased in 75 per cent.; intestinal fermentations in 55 per cent.; they reject the conclusions of diminished phosphorus and sulphur, and are driven to the statement that "there is no urinary modification which can be regarded as typical of psoriasis."

E. G. L.

**A CONTRIBUTION TO THE CLINICAL AND HISTOLOGICAL STUDY OF XERODERMA PIGMENTOSUM.** NICOLAS and FAVRE. (*Ann. de Derm. et de Syph.*, June, 1906, p. 536.)

Two remarkable cases of this rare disease form the basis of the observations contained in this paper. In one the patient was a boy, aged 6 years; in the other, a woman, aged 71 years. In both cases the clinical appearances were the same, comprising erythema, depigmented scars, vascular patches, pigmented patches, desquamation, warty growths, and ulcerated epithelioma. In the case of the child, considerable improvement was noted, apparently, as the result of an attack of measles. In the case of the old woman, the disease had commenced quite late in life, and she had been exposed to sunlight, the parts thus exposed being those affected with the disease. She had benefited under X-ray treatment. There is a detailed exposition of the histological appearances observed in Case II, and there are two figures in the text—one of the clinical and one of the histological appearances.

E. G. L.

QUARTERLY SURVEY OF DERMATOLOGICAL LITERATURE.

ERYTHEMAS AND INFLAMMATIONS.

**Baldness, The Cause of Common.** DELOS L. PARKER. (*Med. Record*, February 9th, 1907, p. 220.)

**Dermatitis Exfoliativa.** B. FOSTER. (*Journ. of Cut. Dis.*, April, 1907, p. 164.)

**Desquamative Erythema, Case of.** A. NOBBS. (*Lancet*, April 27th, 1907, p. 1156.)

**Eczema, Acute, A Case of, after use of Hairwash, "Javal."** B. KLOSE. (*Deutsch. med. Wochenschr.*, March 21st, 1907, p. 464.)

**Eczema, Sudden Death in, in Infants.** M. BRELAT. (*Rev. Mens. des Mal. de l'Enfance*, April, 1907, p. 180.)

**Folliculitis (Syccosis) Sclerotisans.** F. SAMBERGER. (*Archiv f. Derm. u. Syph.*, February, 1907, p. 163.)

**Glossitis Saturnina.** MAX JOSEPH. (*Derm. Centralb.*, February, 1907, p. 133.)

**Hæmorrhagic Exanthem with General Symptoms.** G. BAERMANN. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 19.)



- Herpes Simplex**, Nature of, with a Consideration of its Diagnostic and Prognostic Significance in Various Infectious Diseases. SCHAMBERG. (*Journ. of Amer. Med. Assoc.*, March 2nd, 1907.)
- Impetigo Contagiosa**, Etiology of. E. BENDER. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 59.)
- Leucoplakia** beginning in Childhood, accompanied in the Early Stages by Follicular Keratosis of the Skin, followed by Carcinoma of the Tongue, A Case of Extensive. M. B. HARTZELL. (*Med. Record*, February 9th, 1907, p. 229.)
- Leucoplakia of the Mucous Membrane**, On the Nature and Treatment of. C. KOPP. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 341.)
- Lichen Planus Atrophicus** and its Relation to Circumscribed Atrophy of the Skin. C. VIGNOLO-LUTATI. (*Giorn. Ital. d. Mal. Ven. e della Pelle*, fasc. i, 1907, p. 55.)
- Lichen Ruber Planus** of the Palms and Soles. NEUBERGER. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 467.)
- Lupus Erythematosus** and **Lupus Vulgaris**, Association of. SPITZER. (*Ann. de Derm. et de Syph.*, March, 1907, p. 189.)
- Lupus Erythematosus in Childhood**. GALEWSKY. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 193.)
- Lupus Pernio**. V. KLINGMÜLLER. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 323.)
- Pemphigus Chronicus**, A Case of. H. GUTH. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 219.)
- Pemphigus Vegetans**: Report of a Case, with a Review of the Subject. J. M. WINFIELD. (*Journ. of Cut. Dis.*, February, 1907, p. 71.)
- Pityriasis Lichenoides Chronica**. E. RIECKE. (*Archiv f. Derm. u. Syph.*, March, 1907, p. 411; February, 1907, p. 205.)
- Pityriasis Rosea Urticata**. H. VÖRNER. (*Archiv f. Derm. u. Syph.*, February, 1907, p. 203.)
- Porokeratosis (Mibelli)**, A Case of. J. HIMMEL. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 279.)
- Psoriasis**, A Lecture on. H. RADCLIFFE-CROCKER. (*Clin. Journ.*, March 6th, 1907, p. 321.)
- Psoriasis Vulgaris in Infants**, Three Cases of. FRIEDERICH. (*Derm. Zeitschr.*, April, 1907, p. 232.)
- Seborrhoeic Diseases**, the Group, so-called. DARIER. (*Ann. de Derm. et de Syph.*, January, 1907, p. 3.)
- Skin Eruption due to Chloretone**, A Case of. ROLLESTON. (*Lancet*, March 30th, 1907, p. 883.)
- Varicella**, The Accidental Rashes of. J. D. ROLLESTON. (*Brit. Med. Journ.*, May 4th, 1907, p. 1051.)

#### GRANULOMATA.

- Framboesia Tropica**. A. CASTELLANI. (*Archiv f. Schif. und Trop. Hygiene*, Bd. xi, 1907.)
- Framboesia Tropica**: Spirochæte Discovery. MARTIN MAYER. (*Deutsch. med. Wochenschr.*, March 21st, 1907, p. 462.)

**Ulcers:** Phagedænic and Serpiginous and Infective Granulomata. W.F. BREAKEY. (*Journ. of Cut. Dis.*, March, 1907, p. 108.)

#### NEW GROWTHS.

**Cysts,** Traumatic Epidermic, of Unusual Position. DUBREUILH. (*Ann. de Derm. et de Syph.*, January, 1907, p. 35.)

**Lymphangioma Circumscriptum of the Mucosa of the Palate.** M. PELAGATTI. (*Giorn. Ital. d. Mal. Ven. e della pelle*, Fasc. 1, 1907, p. 47.)

**Molluscum Contagiosum.** B. LIPSCHÜTZ. (*Wien. klin. Wochenschr.*, February 28th, 1907, p. 253.)

**Mycosis Fungoides,** Ten Cases of, with Remarks on the Histology and X-ray Treatment. K. HERXHEIMER and H. HÜBNER. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 241.)

**Paget's Disease,** Gland Cancer of the Breast presenting the Clinical Picture of. J. KYRLE. (*Archiv f. Derm. u. Syph.*, February, 1907, p. 187.)

**Pemphigus foliaceus,** a Case of, with Remarks on the "Hæmatodermes." KANITZ. (*Monats. f. prakt. Derm.*, March 1st, 1907, p. 217.)

**Pseudo-xanthoma Elasticum and Colloid Degeneration of the Skin.** S. DOHI. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 179.)

**Pseudo-xanthoma Elasticum.** F. JULIUSBERG. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 301.)

**"Sarcoides" of the Skin.** H. HALKIN. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 227.)

**Sarcoids,** Subcutaneous, Note on Two Cases of. THIBIERGE and BORD. (*Ann. de Derm. et de Syph.*, February, 1907, p. 113.)

**Sarcoma and Sarcoid Growths.** G. FANO. (*Archiv f. Derm. u. Syph.*, February, 1907, p. 225.)

**Sarcoma and Sarcoid Tumours.** G. FANO. (*Archiv f. Derm. u. Syph.*, March, 1907, p. 427.)

**Senile Angioma of the Edge of the Lip.** PASINI. (*Monats. f. prakt. Derm.*, March 15th, 1907, p. 275.)

**Syringocystoma.** C. J. WHITE. (*Journ. of Cut. Dis.*, February, 1907, p. 49.)

#### AFFECTIONS OF NERVOUS ORIGIN.

**Angio-neuroses and Hæmatogenous Inflammation of the Skin.** TÖRÖK. (*Wien. klin. Wochenschr.*, December 20th, 1906.)

**Pruritis Ani.** LOCKHART MUMMERY. (*The Practitioner*, May, 1907, p. 686.)

**Raynaud's Disease,** A Severe Case of. E. ARNING. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 3.)

**Skin-affections in Neuroses.** GEYER. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 199.)

**Universal Itching** without Skin Lesion; Hæmatogenous Urobilinuria; Malarial Poisoning; Peculiar Erythrocytolysis. J. K. MITCHELL and A. R. ALLEN. (*Amer. Journ. of the Med. Sciences*, March, 1907, p. 440.)

#### AFFECTIONS OF CONGENITAL ORIGIN.

**Adenoma Sebaceum** (Pringle). K. REITMANN. (*Archiv f. Derm. u. Syph.*, February, 1907, p. 177.)

- Epidermolysis Bullosa Hereditaria** and its connection with Raynaud's Disease.  
P. LINSE. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 369.)
- Hypotrichosis Congenita Familiaris.** T. BAER. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 15.)
- Ichthyotic Portion of Skin, Peculiar Behaviour of a Transplanted.** EITNER. (*Monats. f. prakt. Derm.*, March 15th, 1907, p. 271.)
- On the Knowledge of Systematised Nävi (Nävi Lineares).** BERNHARD SOLGER. (*Derm. Centralb.*, April, 1907, p. 194.)
- Treatise on Family Maladies or Congenital Maladies.** E. APERT. (J. B. Baillière et fils., Edit., Paris, 1907.)

#### PARASITIC.

- Microsporons, New Researches on the.** SABOURAUD. (*Ann. de Derm. et de Syph.*, March, 1907, p. 161; April, 1907, p. 225.)
- Pityriasis Versicolor, Observations on Tropical Forms of.** A. CASTELLANI. (*Journ. of Trop. Med.*, February 15th, 1907, p. 65.)
- Trichophyton, A Special Form of.** E. JACOBI. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 289.)

#### PIGMENTARY CHANGES.

- Leucoderma and Analogous Changes in the Pigmentation of the Skin.** WILLMOTT EVANS. (Erasmus Wilson Lecture, *Lancet*, February 16th, 1907, p. 407.)
- Leucoderma Psoriaticum.** R. LEDERMANN. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 359.)

#### HISTOLOGY AND PATHOLOGY.

- Bacteria, and Some Bacterial Substances, Elimination of, in the Sweat.** A. BLUMENFELD. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 71.)
- Cornification of the Epidermis in the Human Embryo.** A. CEDERCREUTZ. (*Archiv f. Derm. u. Syph.*, April 1907, p. 173.)
- Dermatological Transitions.** OMAR M. WILSON. (*Med. Record*, April 20th, 1907, p. 640.)
- Dermatoses and the Renal System.** DIND. (*Rev. Méd. de la Suisse Romande*, February 20th, 1907, p. 122.)
- Diet as an Etiological Factor in Diseases of the Skin.** H. W. STELWAGON. (*Journ. of Cut. Dis.*, April, 1907, p. 147.)
- Horny Substance, New Studies of.** UNNA AND GOLODETZ. (*Monats. f. prakt. Derm.*, April 15th, 1907, p. 399.)
- Indican, Significance of, in the Urine of those Afflicted with Certain Diseases of the Skin.** M. F. ENGMAN. (*Journ. of Cut. Dis.*, April, 1907, p. 178.)
- "Kolloid Degeneration of the Skin in Granulations and in Scar Tissue"** (Juliusberg, *Archiv f. Derm. u. Syph.*, Bd. lxi, 1892), A Criticism of. IGNAZ SAUDEK. (*Wien. klin. Wochenschr.*, April 11th, 1907, p. 435.)
- Lichen Ruber Yerrucosus, The Histology of.** POLANO. (*Derm. Zeitschr.*, February, 1907, p. 101.)

- Lupus**, Histological Change produced by Finsen Light on. G. A. GAVAZZENI. (*Giorn. Ital. d. Mal. Ven. e della Pelle*, fasc. i, 1907, p. 18.)
- Lupus Vulgaris** under Treatment by Finsen Light. The Histological Changes in. H. JANSEN and E. DELBANCO. (*Archiv f. Derm. u. Syph.*, March, 1907, p. 323.)
- Malignant Tumours of the Skin**, Histology of the Changes produced by the X rays on. T. VON MARSCHALKÓ. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 411.)
- On Urticaria** from the Standpoint of the New Discoveries on the Sensibility to the Foreign Substances of Egg Albumen. WOLFF-EISNER. (*Derm. Centralb.*, March, 1907, p. 164.)
- Pigment Question**, Contribution to the. MEIROWSKY-GRAUDENZ. (*Monats. f. prakt. Derm.*, February 15th, 1907, p. 166.)
- Sebaceous Glands**, Contribution to the Bacteriology of. HALLÉ and CIVATTE. (*Ann. de Derm. et de Syph.*, March, 1907, p. 184.)
- Skin and Mucous Membrane Hemorrhages** as the Result of Bacterial Toxins (Bakteriengifte). J. HEYBOVSKY. (*Wien. klin. Wochenschr.*, February 28th, 1907, p. 247.)

#### SYPHILIS.

- Alopecia, Syphilitic**, Remarks on. H. KLOTZ. (*Journ. of Cut. Dis.*, March, 1907, p. 99.)
- Condyloma Acuminatum**, Spirochætes in. M. JULIUSBERG. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 319.)
- Congenital Syphilis**, Cerebro-spinal Fluid in. RAVAUT. (*Ann. de Derm. et de Syph.*, February, 1907, p. 81.)
- Elephantiasis of Penis and Scrotum** due to Syphilis. A. RAVOGLI. (*Journ. of Cut. Dis.*, February, 1907, p. 61.)
- Hereditary Syphilitis**, Fresh Infection of, and on Re-infection in General. CARL STERN. (*Derm. Zeitschr.*, April, 1907, p. 197.)
- Spirochæte Diseases**. SCHERBER. (*Derm. Zeitschr.*, February, 1907, p. 88.)
- Spirochæte Pallida** in the Blood of Syphilitics. LE SOURD and PAGNIEZ. (*Ann. de Derm. et de Syph.*, January, 1907, p. 42.)
- Spirochæta Pallida**, On the Relation of, to the Skin-pigment of Syphilitic Rashes. LIPSCHÜTZ. (*Derm. Zeitschr.*, February, 1907, p. 67.)
- Syphilitic Chancre**, Case of Unusual Position of. BOGROW. (*Monats. f. prakt. Derm.*, February 15th, 1907, p. 163.)
- Syphilitic Chancres**, not followed by Secondary Accidents. OLTRAMARE. (*Ann. de Derm. et de Syph.*, April, 1907, p. 246.)
- Syphilide**, Miliary Papulo-squamous, simulating Pityriasis rubra pilaris. G. VERROTTI. (*Giorn. Ital. d. Mal. Ven. e della Pelle*, Fasc. 1, 1907, p. 5.)
- Syphilis**, On the Diagnostic and Therapeutic Results of the Recent Researches on. W. FISCHER. (*Archiv f. Derm. u. Syph.*, February, 1907.)
- Syphilis**, On the Employment of Iron in the Treatment of. J. CAMMAS. (*Paris Thesis*, 1906.)
- Syphilis**, Remarks on the Treatment of. GEORGE PERNET. (*Brit. Med. Journ.*, March 30th, 1907, p. 730.)
- Syphilis**, Tertiary, Statistics in Moscow. A. JORDAN. (*Archiv f. Derm. u. Syph.*, March, 1907, p. 353.)

**Syphilitic Re-infection, On.** KARL OPLATEK. (*Wien. Klin. Wochenschr.*, April 11th, 1907, p. 441.)

# TREATMENT.

**A Test of Kienboeck's Quantimeter.** LORD BLYTHSWOOD and WALTER A. SCOBLE. (*The Journal of the Röntgen Society*, December, 1906, p. 27.)

**Diet as a Therapeutic Measure in Diseases of the Skin.** G. H. FOX. (*Journ. of Cut. Dis.*, April, 1907, p. 158.)

**Electrophoresis (Kataphoresis and Iontophoresis).** J. BAUM. (*Archiv f. Derm. u. Syph.*, April, 1907, p. 35.)

**Hypertrichosis, The Treatments of.** A. WEIL. (*Journ. de Physiothérapie*, No. 25, January 15th, 1905.)

**Light Treatment of Mucous Membranes, A New Rock Crystal Setting for (illustrated).** THEODOR SCHÜLER. (*Deutsch. med. Wochenschr.*, March 21st, 1907, p. 462.)

**Lipomata, A Case of Multiple Circumscribed, Treated by Ethylate of Sodium.** AGNES F. SAVILL. (*Lancet*, April 6th, 1907, p. 943.)

**Lupus, The Röntgen Rays in the Treatment of.** J. HALL-EDWARDS. (*Archives of the Röntgen Ray*, January, 1907, p. 216.)

**Lupus Vulgaris of Long Duration; Iodoform Injections; Rapid Recovery.** THOS. W. DEWAR. (*Brit. Med. Journ.*, March 30th, 1907, p. 743.)

**Mitin-mercury as an Ointment Application.** JESSNER. (*Derm. Centralb.*, February, 1907, p. 130.)

**Rhinoscleroma treated with the X Ray, A Case of.** M. J. BALLIN. (*New York Med. Journ.*, March 16th, 1907, p. 490.)

**Ringworm, Some Observations on the Treatment of, by X Rays.** AGNES F. SAVILL. (*Archives of the Röntgen Ray*, May, 1907, p. 336.)

**Scabies, The Treatment of, by Balsam of Peru.** F. J. W. PORTER. (*Brit. Med. Journ.*, March 30, 1907, p. 744.)

**Scleroderma, Mercury in.** P. CHIRONE. (*Giorn. Internaz. d. Sci. Med.*, Naples, November, 1906.)

**The Relation between the Measurements from a Focus Tube, with a View to Determine which are Proportional to the Intensity of the Röntgen Rays.** LORD BLYTHSWOOD and WALTER A. SCOBLE. (*The Journal of the Röntgen Society*, February, 1907, p. 53.)

**Treatment by Butter-milk of Certain Toxidermites of Infants (Strophulus, Eczema).** LESNÉ. (*Archives de Méd. des Enfants*, January, 1906, p. 1.)

**Tuberculosis and Leprosy. The Successful Treatment of, by means of an Albuminoid Metabolic Product, chemically altered, of a Bacillus discovered at Boshof (Orange River Colony).** S. F. WERNICH. (*Lancet*, April 13th, 1907, p. 1005, and April 20th, 1907, p. 1079.)

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## ANGIOMA-FORMATION IN CONNECTION WITH HYPERTROPHY OF LIMBS AND HEMI-HYPERTROPHY.

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IN this short paper I wish to draw attention to a group of cases in which hypertrophy of one limb, or else hemi-hypertrophy, is found to be associated with tumour-like overgrowth in the corresponding portion of the vascular system. It seems as if the hypertrophy, affecting the soft tissues, and usually the bones as well, depended in these cases to some extent at least on excessive vascularity of the affected parts caused by the overgrowth of blood-vessels. The abnormalities in question are congenital, or at all events are noticed soon after birth, though they may be "developmental" and become more obvious and remarkable later on as the general development of the child progresses. The vascular overgrowth differs in amount and kind in different cases and is not rarely accompanied by quite obvious tumour-formation in the shape of some kind of superficial hæmangioma (occasionally lymphangioma). There may be, for instance, a diffuse cutaneous capillary (simple) nævus of the "port-wine stain" kind (nævus flammeus), or there may be hæmangiomatous nodules (cavernous angiomata), or, more rarely, a lymphangiomatous growth on the skin (a lymphangioma may, however, be dark-red in colour from hæmorrhage into some of the superficial lymph-vesicles). Sometimes the main arteries of the part can be felt

greatly enlarged, and one or more veins may be dilated\*; in fact the affected limb may be the sight of a so-called congenital or "early developmental" varicose vein.†

From what is known as congenital (or early developmental) "trophœdema"‡ or "trophic œdema" of extremities, which tends to run in families, the condition now under consideration may be distinguished: (1) by the associated vascular abnormalities, and (2)

\* When both the arteries and the veins of a limb are enlarged a condition approaching that of cirroid aneurysm may be reached. On such "diffuse phlebarteriectasis" of an extremity compare Braun's paper on "Phlebarteriectasie der rechten oberen Extremität" at the Medical Society of Leipzig, *Münch. med. Wochenschr.*, 1902, p. 163; and Löwen, "Ueber die genuine diffuse Phlebarteriectasie an der oberen Extremität," *Deutsche Zeitschrift für Chirurgie*, 1903, vol. lxxiii, p. 364. Sir Thomas Smith's case of "Angiectasis of the Hand and Fingers" (*Clin. Soc. Trans.*, 1882, vol. xv, p. 198) was an example of similar "diffuse phlebarteriectasis." His patient was a female, aged 25 years. The affected hand was much larger than its fellow, and its temperature higher; the subcutaneous tissue was occupied by dilated and tortuous veins; the arteries of the fingers, hand, and forearm were greatly enlarged and somewhat tortuous. When the hand was lightly grasped a purring thrill could be felt. According to the mother the hand seemed normal till the patient was one and a half years old. The condition in Sir Thomas Smith's case is, in my opinion, that which in the vascular system should be regarded as corresponding to the condition of plexiform neuroma (also called "cylindrical neuroma" or "vermicular neuroma") in the nervous system.

† The occasional occurrence of such congenital or "early developmental" varicose veins affords strong support to the view that varicose veins are venous overgrowths allied to venous angiomata. On this subject see A. Pearce Gould's "Lettsomian Lectures" in the *Med. Soc. Trans.*, 1902, vol. xxv, p. 132; also W. Thorburn's remarks on "Developmental Varix," *Brit. Med. Journ.*, November 17th, 1900, p. 1421, and Sir W. H. Bennett's remarks on "Congenital Varix," *Lancet*, November 22nd, 1902, p. 1374. In fact, although intra-venous pressure and inflammatory conditions are probably the usual exciting causes of the ordinary varicose veins of the lower extremities, a peculiar, sometimes hereditary, tendency towards varicose veins must be admitted in many cases. In regard to the analogous relationship which the ordinary hair-like telangiectases of the skin bear to cutaneous angiomata, see "A Note on Cutaneous Telangiectases and their Etiology—Comparison with the Etiology of Hæmorrhoids and Ordinary Varicose Veins," by F. Parkes Weber, *Edinburgh Medical Journal*, April, 1904, p. 346.

‡ Sir H. Meige, *Presse médicale*, Paris, December 14th, 1898; H. Meige, *Nouvelle Iconographie de la Salpêtrière*, 1899, No. 6, p. 453; H. Meige, *Société de Neurologie*, Paris, November 7th, 1901; Debove, *Presse médicale*, Paris, May 28th, 1902; H. D. Rolleston, *Lancet*, September 20th, 1902, p. 805; O. Grünbaum, *Reports of the Society for the Study of Disease in Children*, 1905, vol. v, p. 4; Zuber, *Société de Pédiatrie*, Paris, June 19th, 1906; Senlecq, *Société d'Obstétrique*, Paris, December 10th, 1906; and Guinon, *Ibid.*, March 11th, 1907.

by there being usually an actual increase in the length of the bones of the affected limbs, which is generally not noticeable in trophœdema.

From what may be termed the real or *typical* cases of local "gigantism" the condition under consideration may be distinguished (1) by the hypertrophy being not nearly so great as it is in characteristic examples of giant fingers, giant toes, giant feet, etc., and (2) by there being usually no disproportionately excessive vascular development in *typical* local gigantism.

I must admit that the cases of which I am speaking are on the whole of rare occurrence. Following are a few examples :

At the German Hospital I saw a female child twelve weeks old, brought up by her mother for a very striking condition. The skin of most of the head and nearly all the left side of the body and left extremities was, as if stained, of a brilliant crimson or bluish-crimson colour, and on further examination this condition was found to be due to diffuse capillary cutaneous nævus (simple nævus) of the ordinary "port-wine stain" kind, but involving an extraordinary extensive area of the surface of the body. The left upper and lower limbs were decidedly larger in circumference than the right ones (the skin of which was normal), and this difference was especially noticeable in the larger size of the left buttock. As yet, however, there was no obvious difference in length between the corresponding long bones of the two sides. The "port-wine" stain did not extend over the whole hairy scalp and it was interesting to observe that the growth of hair was decidedly more abundant on the red than on the white (normal) parts of the scalp. In addition to the very extensive "port-wine" nævus there was a small raised nodular hæmangioma (cavernous nævus) in the left groin, and there was one prominent dilated vein in the front of the body, not large enough, however, to be termed a "congenital varicose vein." I could not discover anything wrong in the thoracic or abdominal viscera; in fact, in every other respect the child appeared normally developed, and it was well nourished and not ailing in any way. There was no history of any "maternal impression" in connection with its birth, and there was no history of any similar abnormality in other members of the family.

Though in the foregoing case there was as yet (the baby was only twelve weeks old) no obvious inequality in length of limb between the



affected and the unaffected sides, it is the exception in such cases not to find increased length of bone accompanying the increased bulk of the soft tissues.

At the Society for the Study of Disease in Children in 1902, Dr. C. O. Hawthorne\* showed a boy, aged 10 years, whose case I would regard as a typical example of the condition in question. There was hypertrophy of the right lower limb, which was one and a quarter inches longer than its fellow. The skin of the right foot and of the lower part of the right leg was unduly warm, the veins were prominent, and the arteries both in front of and behind the ankle-joint were apparently dilated. On the dorsum of the foot were certain patches which gave rise to some discussion, but which in my opinion were nævoid or partly lymphangiomatous.

At the same Society in the same year† Mr. A. B. Roxburgh showed a female child, aged 5 years, with varicose veins of the left lower extremity and a large cavernous nævus on the outer side of the left knee. There was slight alteration in the length and shape of the tibia on the affected side.

At the Clinical Society of London in February, 1903, Mr. T. H. Kellock‡ showed a female child, aged 8 years, with a varicose condition of the right internal saphenous vein; the right leg was half an inch longer than the left. In this case there was no mention of any angiomata in the ordinary sense of the term.

✓ A number of cases of hemi-hypertrophy have been described associated with some form or other of angiomatous formation. At the Berliner Gesellschaft für Psychiatrie und Nervenkrankheiten, in 1899, Dr. S. Kalischer§ demonstrated a child, aged 3½ months, in whom right-sided hemi-hypertrophy was associated with diffuse capillary angioma of the skin, mainly of the hypertrophied side of the body. ✓ He mentioned that Dr. Arnheim and Dr. Heller in Berlin had shown similar examples of the association of diffuse cutaneous angioma with hemi-hypertrophy, and that several similar cases were to be found described in the literature of the subject. Kalischer

\* See *Reports of the Society for the Study of Disease in Children*, London, vol. ii, pp. 114-117, for the account of the case and the discussion on it. The case was shown at the same Society again in 1904 (see *Reports*, vol. v, p. 1).

† See *Reports*, vol. ii, pp. 222, 223, for account of the case and discussion.

‡ *Clin. Soc. Trans.*, London, vol. xxxvi, p. 254.

§ *Berliner klin. Wochenschrift*, February 19th, 1900, p. 176.

suggested a vaso-constrictor paralysis as a possible explanation of the general hypertrophy of the affected parts in such cases.

Dr. Luigi Cagiati (of Rome)\* has described a case of left-sided hemi-hypertrophy, in which the hypertrophy extended to the viscera of the affected side. He attributes this visceral hypertrophy to the abnormal, unilateral, vascular development, and the associated one-sided increase of the blood-supply. Drs. Crouzon and Villaret at the Société de Neurologie (Paris, April 11th, 1907) showed a boy with left-sided hemi-hypertrophy, and with an angioma on the arm of the hypertrophied side.

I do not mean by my remarks and the cases which I have quoted to imply that hemi-hypertrophy is solely due to increased blood-supply of one half of the body, nor that it is invariably associated with superficial angioma-formation. Moreover, when it is associated with cutaneous angiomata, the latter are not always limited to the hypertrophied side of the body. Thus, in a case of congenital hemi-hypertrophy involving the soft parts, including some of the viscera, of the left side in a child, aged 4 months, Dr. R. Hutchison † mentions that there were three small capillary angiomata of the skin, one above the right knee, one in the left lower axilla, and the other below the left scapula. The child died of broncho-pneumonia and empyema, and in addition to the superficial angiomata just mentioned, multiple angiomata of the liver were discovered on making the post-mortem examination.

## CLINICAL NOTE.

### A CASE OF EPIDERMAL INCLUSION CYSTS OCCURRING IN AN OLD HERPETIC SCAR ON THE FACE.

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C. H—, a woman, aged 45 years, was admitted to the London Hospital for myocardial failure secondary to mitral regurgitation of

\* *Deutsche Zeitschrift für Nervenheilkunde*, Leipzig, 1907, vol. xxxii, p. 292.

† *Reports of the Society for the Study of Disease in Children*, 1904, vol. iv, p. 145.  
In this case the bones did not share in the hemi-hypertrophy.

rheumatic origin, and also complaining of continual pain in an old herpetic scar on the face.

This scar accurately mapped out the distribution of the first division of the trigeminal nerve on the right side, it was deeply punched out, and the floor was composed of pearly-white scar-tissue, with numerous, little, rounded, white nodules, about 1 mm. in diameter, scattered over it.

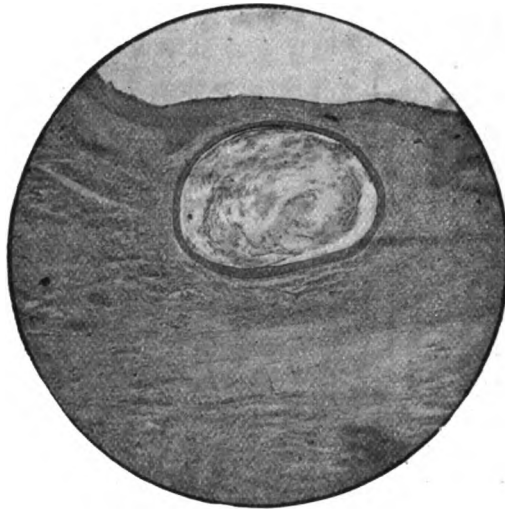


FIG. 1.—This micro-photograph shows a tangential section of one of the cysts, the naked-eye appearance of which is described above. It shows well how the cyst is lined with squamous epithelium exactly like that of the epidermis, and contains a mass of broken-down epithelial *débris*. In other parts of the section are seen cysts in an earlier stage, some of them simply solid downgrowths of epithelium which have not yet become cystic, and which make one wonder whether there is not a liability for this condition to become epitheliomatous. These younger cysts are not shown in the above photograph.

There was also a narrow, horizontal ulcer on the cornea, which caused some pain, but very little photophobia.

The attack of herpes had come on six months previously and had been preceded by three days' pain in the region afterwards occupied by the rash; the rash then came out and ran the usual course, except that sores remained on the site of the vesicles, which took two months to heal, and in healing left the little nodules described above.

Simultaneously with this eruption on the face, the cornea became affected, owing to involvement of its nerve supply, and the ulcer

which was found on admission was doubtless caused by herpetic vesicles on the cornea ; the patient stated that she could not open the eye for four months and suffered much pain in it.

A small portion of the scar was excised and sections were cut through one of the little nodules on its surface, which proved to be an epidermal inclusion cyst, lined throughout by stratified epithelium, exactly like the pseudo-milium of Epidermolysis bullosa and other bullous eruptions.

The pain in the scar was much relieved by the application of the compound of chloral and camphor, and guttæ atropinæ daily instilled into the eye, which was kept covered with a pad and bandage. The patient's cardiac condition improved very much under treatment, and she was discharged.

This was the only attack of herpes from which the patient had suffered, and previous illnesses had been only rheumatism and consequent cardiac troubles.

The case is published by permission of Dr. Henry Head, to whom my thanks are due.

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## SOCIETY INTELLIGENCE.

### THE DERMATOLOGICAL SOCIETY OF LONDON.

AN ordinary meeting of the above Society was held at 11, Chandos Street, Cavendish Square, on Wednesday, June 13th, 1907, Mr. MALCOLM MORRIS in the Chair.

The following cases were shown :

Dr. H. G. ADAMSON showed three examples (in children) of a *chronic superficial dermatitis in circumscribed patches*. The eruption was, no doubt, familiar to all, and it was one which was usually included under the terms "chronic eczema," "discoid eczema," or "eczema seborrhoicum circumscriptum"—terms indicating its chronic nature or the circumscribed form of its lesions. The exhibitor wished, however, to point out certain features which he believed entitled this eruption to be considered apart both from eczema and from Eczema seborrhoicum. He had met with the eruption rather frequently in children, and it was to this type, as occurring in childhood, and

illustrated by the three cases exhibited, to which his remarks would be directed.\* The patches occurred upon the limbs and face and sometimes upon the trunk, and they were distributed usually with some degree of symmetry. They were oval or circular, from half an inch to one or two inches in diameter, and they were not very numerous, being generally from four to a dozen in all. The patches were pale red, sometimes with a tinge of brown, with a dry aspect, and generally covered with small adherent crusts or scales. Sometimes they presented here and there on their surface impetiginous crusts. On close inspection they appeared to be covered with pin-head-sized papules, which, however, were not actually papules, but minute limpet-like adherent crusts, representing, as the exhibitor had found by microscopical examination of a section, minute vesicles in the horny layer which had dried into crusts. The lesions were quite superficial, or, at any rate, without any marked infiltration. A remarkable feature was their *extreme resistance to treatment*. They could only be removed by strong applications, and even then they would return sooner or later upon the same seats as before, so that the eruption in some cases lasted for several years. The children affected were generally thin and in poor health. Sometimes they were suffering from chronic rhinitis, with some discharge and crusting in the nostril; other cases had, or had had, a chronic otorrhœa; in others there had been a history of an impetiginous sore at the seat of the earliest lesion which had been picked and prevented from healing for weeks or months.

From noticing the frequent association with these cases of some such form of local coccic infection, the exhibitor had long regarded them as probably of coccic origin—that is, as chronic forms of impetigo—although he had failed, so far, to obtain any bacteriological proof of such relationship. There were several eruptions having circumscribed

\* Cases, probably of a similar nature, in *adults* have been shown from time to time at the meetings of the Dermatological Society. As examples, the following may be mentioned: (1) A case of *Eczema seborrhoicum areatum*, Liddell, *British Journal of Dermatology*, vol. xiv, 1902, p. 466; (2) case of *circumscribed eczema* (? parapsoriasis of Brocq), Graham Little, *ibid.*, vol. xv, 1903, p. 410; (3) *circumscribed patches of dermatitis*, Dore, *ibid.*, vol. xv, 1903, p. 407 (this case was called by Dr. Radcliffe-Crocker *eczema circumscriptum* and by Dr. Whitfield *discoid eczema*); (4) *circumscribed eruption*, Mackey, *ibid.*, vol. xv, 1903, p. 410.—H. G. A.

and more or less scaly patches from which this affection must be distinguished: (1) In certain features, namely, in the occurrence of the circumscribed patches and in the extreme resistance to treatment, the eruption resembled Brocq's *Parapsoriasis en plaques*, but in the latter, according to Brocq's description, the patches were smaller, irregularly disseminated, and apparently little more than macules with a little scaling; moreover, they did not occur in childhood. (2) The eruption differed from *Seborrhoic eczema* in its extreme resistance to local anti-parasitic treatment, in its non-association with Pityriasis capitis, and in the dryer and less greasy appearance of its lesions. (3) From *Eczema* (of the patchy form) it was distinguished by its altogether more indolent character, by the absence of erythematous or œdematous swelling of the base of the lesion and of deep vesiculation or oozing, by the absence of itching, and by the fact that it had no tendency to suddenly break out in fresh parts. (4) Clinically, when the lesions had been freed from scales by treatment, the spaced pseudo-papules or crusts gave the appearance of *Lichen scrofulosorum* patches, but they were easily distinguished by the fact that these elevations were not really follicular papules, by the situation upon the limbs, and by the difficulty of cure.

Possibly, as the exhibitor had thought (and as Dr. Colcott Fox suggested), this eruption was that which Boeck had described as *Eczema scrofulosorum*; but if this were so, he would emphasise the fact of its clinical relationship with impetigo or other local coccic infection, and the absence of evidence of any association with tuberculosis.

Dr. COLCOTT FOX presented a healthy-looking lad, aged 11 years, who had been under arsenical treatment for well-characterised lichen of Wilson with plane papules. This eruption had nearly disappeared, leaving stains, and now an acuminate eruption had evolved, presumably the acuminate phase of Wilson's lichen, but extremely suggestive of the so-called Lichen spinulosus (*Acne cornée*). These lesions were miliary, acuminate, non-inflammatory in aspect, and displayed conspicuous protruding spines. Patches existed on the nape of the neck, mostly the left side, on each chest wall close up to the axillæ behind, and others singly and in little groups were seen about the trunk. The mouth was free. There were no lymphatic gland enlargements, and no history of tuberculosis, personal or family.

Dr. GRAHAM LITTLE showed (1) a private patient, a hotel proprietor, who gave a history of having contracted *syphilis* fifteen years ago. He had been treated for this, and had seen no manifestations of the disease for many years. He was married, had healthy children, and was himself apparently in fair health, though too stout for his age (38). A few weeks previously he had noticed an eruption on his hands (the dorsal aspect), wrists, abdomen, and back; this took the form of flat papules, which were itchy, and proved to be typical papules of *Lichen planus*. The history of *syphilis* had, however, led the medical practitioner who first saw the case to ascribe the eruption to *syphilis*, and small doses of iodide of potassium (gr. v *ter die*) were given three weeks ago. This was followed within a week by the breaking out on the abdomen and back of pustules, very numerous and closely grouped, and with the typical aspect of iodism. The medicine had consequently been discontinued, arsenic being substituted for the iodide.

The diagnosis of "*Lichen planus* with an acute iodide eruption" was generally accepted by the meeting.

(2) A case of *ringworm of the nails* in a man aged 45 years. The patient was a bus-driver, and had had to do with horses all his life, some of which at times had "*mange*." He had had disease of the nails for about fourteen years, but they had never been examined before for ringworm. He had never had patches of ringworm on the body, but there were several red patches on the backs of both hands which, microscopically, showed fungus in the scrapings.\* All the nails of the fingers and toes were diseased and thickened, and a coarse mycelium was readily demonstrated in the scrapings from the nails of fingers and toes. No other members of his family had been affected by the disease, as far as he could tell; his scalp had not been attacked at any time, nor his beard.

The symmetry in this case was distinctly unusual and difficult to explain, particularly the involvement of the feet.

(3) A case of *mixed tuberculous eruptions* in a girl of scrofulous aspect, aged 7 years. On the right cheek there was a warty tuberculous infiltration (*Lupus verrucosus*) which dated from eighteen months, and was the earliest obvious symptom of disease. A few

\* The hair on the dorsal surface of the proximal digits was examined for ringworm, but with a negative result.

weeks ago another eruption had appeared, in the form of closely-set spiny follicular papules, chiefly occupying the abdomen, groin, and inner and upper part of the thighs, which the exhibitor considered *Lichen scrofulosorum*. Upon the anus and legs there was another follicular papular eruption, more disseminated and sporadic in distribution, and with numerous inflamed follicles suggesting the diagnosis of *Acne scrofulosorum*, many papules showing the central necrotic plug characteristic of this affection. The glands in the neck were very much enlarged, and had been so for a long time. There was no history of tuberculous disease in the family.

Dr. COLCOTT FOX suggested that the spiny follicular disease of the abdomen was *Lichen spinulosus*, the lesions on the arm being inflamed follicles. The diagnosis of *Lichen scrofulosorum* was supported by several members.

(4) A case of *Lichen urticatus* in a boy who had been subject to "urticaria papulosa" for two years, but in whom within the past month a new development, in the form of large bullæ, in some cases half an inch in diameter, had been noticed; the feet and legs were extensively occupied by bullæ, the appearance recalling *Dermatitis herpetiformis*, except that there was no herpetiform grouping. The bullæ were in several cases quite without erythematous areola, and the close connection of this form of disease with *Dermatitis herpetiformis* was very evident from the clinical appearances; the history and the presence of very numerous typical "wheals" and papular lesions of *Lichen urticatus* on the upper part of the thighs and trunk proved its identity with urticaria. The development of very numerous, very large, and non-inflamed "bullæ" on the lower limbs was certainly peculiar and gave the interest to this case.

Mr. JONATHAN HUTCHINSON thought "flea-bites" accounted for all the symptoms.

Dr. COLCOTT FOX said he was convinced of the correctness of the diagnosis of *Lichen urticatus*, but he had never seen so many or so large bullæ in that disease, and the appearances were very exceptional.

Dr. J. M. H. MACLEOD showed a case of *xanthoma* in a female infant, aged 6 months. Raised, yellow, well-defined lesions of xanthoma were present on the face, about the forehead, left cheek, to a less extent on the right cheek, and on the posterior aspect of the left auricle. A few lesions occurred at the edge of the scalp, but none were noticed among the hairs. They were also sparsely distributed



on the right arm, and a few were noticed on the buttocks. The large majority of the lesions occurred on the face, where about forty were counted. The lesions varied in tinge from pink to yellow, and in size from little more than the size of a pin's-head to the diameter of a large split-pea. In shape some were round or oval, while others were quadrilateral and irregularly angular. The surface was flat and not raised up in the centre. There was no definite grouping, except behind the left auricle, where a chain of three quadrilateral lesions was noted. On rubbing them a pink halo developed around them, and there was a slight degree of factitious erythema, which persisted for a few minutes on scratching the back, but no definite urticaria.

The mother had noticed the lesions first on the face, when the infant was four months old, and she saw that they began as small pink spots, and that there was no irritation associated with them. The child was well nourished and healthy, and a physical examination of the abdomen failed to show any abnormality. There was no history of jaundice or diabetes in the family. As the child was being nursed the mother's urine was examined for sugar with negative results, and there was no sugar in the infant's urine. The mother seemed to be a healthy woman.

The case occasioned some discussion with regard to the diagnosis between xanthoma and Urticaria pigmentosa.

Dr. SEQUEIRA showed a lad, aged 18 years, suffering from *morphæa*. The patient is employed at a railway works, and four years ago he injured himself by falling over some rails. He was severely bruised across the lower part of the chest on the left side, but, so far as can be ascertained, no ribs were broken. He made a very good recovery from his accident, and has otherwise been quite healthy. Six months ago he noticed some alteration in the colour of the skin of the left leg and thigh and on the left side of the chest. He has now an extensive *morphæa*. The area on the trunk is confined to the anterior and lateral parts of the chest and upper abdomen on the left side. It is bounded above by a curved line just below the nipple, following the ribs. Its lower margin is a line running downwards and forwards to the umbilicus. In front it is limited exactly by the middle line of the body; posteriorly it extends to the level of the posterior border of the axilla. This area is generally darker than the rest of the trunk, but scattered over it are a large number of atrophic white spots about

$\frac{1}{4}$  in. to  $\frac{1}{3}$  in. in diameter. There are also three or four larger, dark, sclerosed areas, which stand up above the general surface. The sclerodermatous and atrophic conditions are both well marked. On the left lower extremity there is a band of scleroderma starting a hand's breadth below the anterior superior spine, and running parallel with the sartorius muscle until it reaches the inner side of the thigh, when it follows the line of the sartorius to the inner side of the knee. Below the knee it suddenly widens out to include the front of the leg as well as its inner border. It runs down to the dorsum of the foot, ending about the mid-tarsal joint. This area is hard, tough, unpinchable. Its borders are brown in the upper part, reddish-brown in the lower. The middle is paler, and in parts has the characteristic old-ivory appearance. Below the middle of the leg there is an area of ulceration about 8 in. long by 2 in. broad. This ulcer followed a trauma (apparently slight). The ulcer has proved refractory to ordinary treatment. With prolonged rest of the limb and fomentations it is very slowly healing.

Dr. JAMES GALLOWAY presented the case of a lady, aged 37 years, suffering from extensive *Lupus erythematosus*. The eruption affected symmetrically both sides of the face, extending upwards into the hairy scalp, and encroaching on to the cheeks. A patch about the size of a shilling was situated on the tip of the nose, and smaller points of eruption on both ears. The disease affected also the pre-sternal region in front of the chest, and the interscapular region behind. No other parts of the body were affected. The case was of special interest on account of the history.

The lady had been under Dr. Galloway's care in the beginning of 1906, suffering from a wide-spread eruption of psoriasis. At the commencement of this attack the difficulty of diagnosis lay in distinguishing psoriasis from dry circinate seborrhœic eczema. With the exception of the skin-disease the patient was in good health. Under treatment by means of soap baths and the inunction of chrysarobin ointment of a gradually increasing strength, the whole of the eruption on the body, which had been very extensive and situated on the characteristic localities of psoriasis, disappeared.

At the end of August, 1906, the patient went to South America to live with relatives. At the time of her leaving England the body

was clear of disease, and only a slight scurfiness of the scalp remained. On the voyage to South America a slight eruption of punctate nature made its appearance, which vanished shortly after arriving. This may have been a slight recrudescence of psoriasis.

About the end of November the eruption from which she now suffers began to make its appearance on the cheeks, and on the trunk. Vigorous methods of treatment were adopted by means of chrysarobin inunction, without effect. The eruption steadily spread. The patient was then sent into the country, camping out with directions to expose herself as much as possible to the sun's rays. This she did, as a therapeutic measure taking advantage of a good season, the temperature running very high and the sun's rays being very powerful. The result was a gradual increase of the eruption. On returning to the city she once more came under medical treatment, receiving inunctions of chrysarobin, and on several occasions X-rays were used. The eruption grew steadily worse. The patient then came home, arriving in London at the end of May, to be under the care of Dr. Galloway. At the time of the meeting she had been under treatment in a private hospital for a fortnight, with the result that she had gained greatly in comfort. The eruption was not nearly so irritable, and had lost the intensely erythematous appearance which characterised it on her arrival. The patient had been kept resting on the bed or on a couch. Calamine lotions had been applied externally, and a course of salicin, increasing to 90 gr. in the day, had been administered internally. The improvement in her condition was quite noticeable.

The patient had suffered from disease of the lymphatic glands of the neck, probably tuberculous, many years ago. The scars left by the excision of these glands were easily seen. But with this exception no tuberculous disease had been ascertained on careful examination. No disease of the internal viscera of any kind had been identified. The only qualification as to her condition of good health consisted in the fact that she suffered unduly from chilblains in cold weather. The circulation through the extremities was not vigorous. She tended to suffer from cold hands and feet.

As to the diagnosis of the case there seemed to be little or no doubt. The preceding history of psoriasis raised the suggestion as to the possibility of the early eruption being mild exanthematic Lupus

erythematosus, leaving peristent lesions at the present time. In Dr. Galloway's opinion there was no doubt of the diagnosis of psoriasis in the attack during the early part of 1906. The fact that it yielded to treatment by baths and chrysarobin, leaving no scar, or the slightest atrophy of the skin, in addition to the fact that the patient was in good health, definitely negatived the suggestion that the first eruption was Lupus erythematosus. It can hardly be a matter of doubt that the intentional exposure to the sun's rays in South America intensified the disease; but, on the other hand, the eruption of Lupus erythematosus appeared to have commenced definitely before the excessive exposure to the sun's rays. The localisation of the disease in the presternal and interscapular regions is unusual in Lupus erythematosus, and the suggestion was made that the skin previously attacked by psoriasis had permitted of the more easy development of Lupus erythematosus in these situations.

Dr. Galloway proposed to continue treatment by rest and protection at the present time, carrying on the administration of salycin. The patient would come under observation later to determine whether more vigorous methods might be of service.

The opinion of the meeting was strongly against the use of X-rays or irritative means of treatment at the present juncture.

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## NOTES ON THE MEETINGS OF THE DERMATOLOGICAL SOCIETY OF LONDON FROM 1882 TO 1894.

By T. COLCOTT FOX, M.B., F.R.C.P.

(Continued from page 224.)

FORTY-THIRD MEETING, NOVEMBER 10TH, 1886.

CHAIRMAN, DR. J. HERBERT STOWERS.

Dr. CAVAFY. *Urticaria pigmentosa*. This case was originally shown to the Harveian Society, and at the International Medical Congress of 1881. The patient had been under observation since 1880 and was aged 7 years and quite healthy. The lesions were maculæ and irregular blotches on which factitious wheals evolved. Dr. Crocker pointed out that in his experience there were no factitious wheals in

the exceptional cases characterised by prominent nodules simulating new growths.

Dr. RADCLIFFE-CROCKER. *Morphœa* in a man, aged 36 years, who presented one long band on the inside of the right shin. The duration was twelve months.

Mr. MALCOLM MORRIS. (1) *Pemphigus* in a boy (J. S—), aged 2 years, which dated from the third day of life. He had never been entirely free from the disease. He was taken into hospital and greatly improved under proper diet and Hydrarg. c. creta.

*Note.*—This was a case of *Epidermolysis bullosa*. Dr. Fox had this case under his observation at Paddington Green Children's Hospital when the child was four months old. The bullæ had at first clear contents, but later were hæmorrhagic. The child was said to have been born with two or three blackish scabs on the chest, but the bullæ were noticed on the second day, first on the fingers and backs of the hands and on the feet (not on the palms and soles). The child was treated for about a year—firstly, by perchloride of mercury in various combinations for two months, and afterwards by gradually increasing doses of arsenic for four months till enteritis was set up, and after that, again, by cod-liver oil and other remedies. Nothing really controlled the disease, which varied greatly in intensity from time to time. The bullæ evolved especially about the hands and feet, but also arose anywhere on the surface and in the mouth. The mother said she had had a great fright when carrying the child, which was always wasted and miserable-looking. The patient was the seventh child, but the second child miscarried. The patient had snuffles and a sunken bridge to the nose. The eldest child was said to have had bullæ at one month old, but not subsequently. The patient was afterwards for some years in the Marylebone Infirmary under Mr. Lunn who showed him at the Medical Society on November 27th, 1893. The case was also exhibited by Dr. Fox, for Mr. Lunn, at the International Congress of Dermatology. The lad died in 1900 in the Marylebone Infirmary. (See Beatty's paper, *Brit. Journ. of Derm.*, August, 1897.)

(2) *Lichen planus simulating zoster in distribution*. There was an unbroken band from the gluteal region to the heel, but none elsewhere.

*Note.*—This was considered by several members to be a case of *Nævus papillaris*.

Dr. STEPHEN MACKENZIE. (1) *Syphiloderma papillomatosa*. A vegetating, confluent, tuberculated or gummatous syphilide of the arms and back. The tongue was ulcerated. The influence of iodide of potassium in favouring the growth of these vegetations was discussed.

(2) *Dermatitis herpetiformis* in a man (previously shown March 10th, 1886, and June 9th, 1886). The lesions consisted of non-discrete bullæ and red discrete papules, not going on to form bullæ. The distribution was general and the mouth was affected. The lesions on healing left scars. There was no itching. He had taken

arsenic in large doses, which controlled the evolution to some extent, but opium had had no effect.

*Note.*—The disease continued till death with varying phases. The total duration was about five and a half years. (Published *Brit. Journ. of Derm.*, vol. v, No. 51.)

(3) Leloir's *perifolliculitis*.

Dr. COLCOTT FOX. (1) *Bromide of potassium eruption* in a child after taking fifteen grains of the drug t.d.s. for epilepsy. There were the usual varicelliform vesico-pustules on the forehead, and larger and smaller pustules on the legs, but the special feature of the case was the presence of two or three large, tender, and painful nodules on the left upper arm, which enlarged peripherally and were a few days before quite indistinguishable from the lesions of Erythema nodosum. In the last few days these nodules had become dotted over with pustular points.

(2) *Pigmentary syphilide* of the neck of a woman, aged 42 years, suffering from nodular syphilis.

Dr. Sangster pointed out that the hairs on the blanched regions were not white.

Dr. J. J. PRINGLE. *Raynaud's disease, asymmetrical*, in a woman, aged 22 years. In 1881 some red spots had appeared about the ankles, and persisted about a month, their disappearance being attributed to painting with nitrate of silver. At the same time the patient's brother had erysipelas of leg, which was amputated. In the spring of 1885 her left foot and ankle, which were always cold during the day, used to swell and become hot and red at night; no similar affection on the right side attracted her attention. As the cold weather came round the condition became worse; a month before Christmas a chilblain on the fourth left toe broke, and red spots, called erysipelas, came out about the ankle. Since 1881 she had been liable to chilblains on both hands and feet, especially on the feet, and worse on the left hand than on right. In addition to the obvious condition (passive congestion, with an intermediate zone of pink arterial congestion between it and the healthy skin) the interesting points in the case were that Faradic electro-sensibility was diminished on the affected arms, and the plantar reflex was absent on the left side. There was no ascertainable menstrual disorder, but there was occasional flatulent dyspepsia.

Dr. PAYNE. *Symmetrical gangrene* of the ears (Raynaud).

## FORTY-FOURTH MEETING, DECEMBER 8TH, 1886.

CHAIRMAN, DR. J. F. BRISTOWE, F.R.S.

MR. BAKER. *Molluscum contagiosum* in two boys, aged respectively 8 and 6 years, and a baby aged 18 months. The cases were brought forward to illustrate how suppuration of the lesions could completely alter their aspect and cause an error in diagnosis.

DR. MITCHELL BRUCE. *Keloid of the chest* in a woman, following the application of a blister.

DR. RADCLIFFE-CROCKER. (1) *General chronic eczema*, treated by Hebra's tar bath. The result was good, but it was a painful treatment when the diseased surfaces were extensive.

(2) *Marked pigmentation* left after the cure of psoriasis of the skin by arsenic given internally. The pigmentation exactly corresponded in distribution to the psoriasis patches, and Dr. Crocker believed it to be due to the arsenic.

(3) *Symmetrical morphœa* of scalp.

DR. COLCOTT FOX. (1) *Xanthoma papulatum* in a diabetic man cook. See *Westminster Hospital Reports*, vol. iii, 1888.

(2) *Lupus vulgaris* of rapid spread, affecting the face, scalp, mouth, and larynx, in a boy, aged 4 years. The cheeks and greater part of the scalp were covered with large, round, diffuse patches presenting a fungating edge.

*Note.*—This boy died shortly afterwards of asphyxia from the rapid spread of *Lupus laryngis*.

DR. SAVILL, introduced by Dr. Fox. (1) A case of *melanodermia*.

(2) A case of *hypertrophic scars left by rupial syphilis*.

(3) A case of extensive *Ichthyosis hystrix*. (Previously exhibited June 11th, 1884, March 12th, 1884, and subsequently December 14th, 1886, and March 11th, 1891.)

*Note.*—This was considered by some an extensive *Nævus papillaris*.

DR. ROBERT LIVEING. *Lupus erythematosus of face*, with *Lichen planus* of the hands.

DR. PRINGLE. Modified *Raynaud's disease*.

DR. SANGSTER. (1) Case of *Lupus vulgaris*.

(2) *Lupus erythematosus*.

## FORTY-FIFTH MEETING. JANUARY 12TH, 1887.

CHAIRMAN, DR. JOHN CAVAFY.

Dr. SANGSTER. *Lupus vulgaris* in a man in whom very extensive destruction of the nose and mouth had occurred, leaving after cicatrization a small hole common to both apertures.

Dr. RADCLIFFE-CROCKER. (1) *Universal acquired ichthyosis*, and also a drawing of it.

*Vide Exhibitor's Atlas, Plate XLIII.*

(2) *Bromide eruption* in an infant. Also a drawing of it.

(3) A case of extreme *chronic onychitis*. See also May 11th, 1887.

Dr. DUFFIN. *Lupus erythematosus* (?) in a woman, aged 26 years (C. W—). The cheeks were symmetrically affected. The nose and forehead were not involved. There were three patches of alopecia on the track of the two frontal nerves. The patches were formerly red and swollen, but on exhibition were white and rather depressed, and there were a few short hairs round the margins.

Dr. STOWERS. *Atrophied spots* in the distribution of the fifth nerve, associated with neuralgia. There was posterior polar cataract and relapsing iritis.

The case was shown previously by Dr. Pringle on July 8th, 1885.

Dr. COLCOTT FOX. *Complete alopecia of the scalp* in a syphilitic infant. The child came under observation on August 13th, 1884, aged 5 weeks, with congenital total alopecia, a macular syphilide, and blind with double neuro-retinitis. He developed Parrot's bossing, nystagmus, a slight divergent squint, a very large spleen, and rickets. Under mercurial treatment the child improved, and eyelashes had grown a good deal. In February, 1887, Mr. Cowell reported that the child was very thin and that there were numerous small patches of choroiditis in both eyes. At five years old the child developed interstitial keratitis. He had always had bad headaches. Dr. Fox had seen the child subsequently and found that he had grown into a fairly healthy looking boy, but had always suffered from bad headaches. The teeth were bad but not pathognomonic.

## FORTY-SIXTH MEETING, FEBRUARY 9TH, 1887.

CHAIRMAN, DR. H. RADCLIFFE-CROCKER.

Dr. RADCLIFFE-CROCKER. (1) *Tinea tonsurans with Alopecia areata supervening*.



(2) *Sclerodermia*, morbid specimens in a case of, showing the absence of changes in the joints in sclerodactylia.

(3) *Lichen planus infantum*.

Dr. DUFFIN. *Case for diagnosis* in a boy, aged 7 years (W. H—). About the end of December, 1886, some papules formed on the outer side of the right forearm, about two inches below the elbow. Some of these suppurated and broke. The eruption then spread down the outer side of the forearm to the wrist. A week later a crop of papules appeared in front of the forearm, and the eruption extended up to the shoulder. Condition on January 28th, 1887: The eruption extended down the outer side of the right forearm and consisted of large vesicles covered with dry scabs and surrounded by an elevated and congested areola. There was a crop of dry papules situated about the middle of the front of the forearm; also a dry, scabby patch occupying the cleft between the right thumb and index finger.

The eruption also extended up the arm by a thin, well-defined line of dry scabs. This line divided into two below the shoulder, one line passing backwards and widening into a fusiform patch on the back of the shoulder, and the other forwards on to the chest, where it spread out into a fan-shaped patch, similar to that on the back, of dry papules, somewhat square and flattened, and having a tendency to scab. On February 4th the rash was much fainter, and less inflamed.

Dr. COLCOTT FOX. (1) *Urticaria pigmentosa*.

(2) *Acneiform eruption for diagnosis* (? *scrofulodermia*).

(3) *Multiple nodules of scrofulodermia* of the leg of a girl, aged 17 years (A. B—), simulating gummatous syphilides.

See *Westminster Hosp. Rep.*, 1888, vol. iv, p. 144, and exhibitor's paper on *Erythema induratum*, *Brit. Journ. of Derm.*, August, 1893.

Dr. PRINGLE. *Case of Mycosis fungoides*. A Devonshire miller, aged 49 years. Disease of nine years' standing. Showed almost universal erythrodermia with hypertrophic patches, most marked upon the thighs and buttocks.

See also May 11th, 1887. See *Comptes Rendus of Paris Congress*, 1889, p. 537.

Dr. SANGSTER. *Lichen planus* to illustrate the development of papules in the lines of scratches.

Cases of *Rodent ulcer* (LEES), *Lupus erythematosus*, result of scarification (MORRIS), *Lichen circumscriptus*, *Tinea unguium* (PAYNE).

## FORTY-SEVENTH MEETING, MARCH 9TH, 1887.

CHAIRMAN, DR. A. B. DUFFIN.

The following cases were shown :

*Leucoderma* (MITCHELL BRUCE).

*Pityriasis maculata et circinata* of Duhring in an adult (CAVAFY).

*Lupus* or *syphiloderm* of the nose of a woman, which began in the nostril (STOWERS).

*Melanotic growths*, two drawings of; *symmetrical Lupus vulgaris* on the legs; true Barbadoes leg, drawing of (CROCKER).

*Dermatitis herpetiformis* (MORRIS).

*Unusual form of psoriasis* (PAYNE).

*Recurrent Erythema bullosum* on the fingers; *Lichen circumscriptus* (PYE-SMITH).

*Chronic exfoliative dermatitis* of hands, drawing of, illustrating cure under liquor opii sedativus (see April 14th, 1886); *syphilitic rupia-lupus*, drawing of; *non-syphilitic rupia-lupus*, drawing of (HUTCHINSON).

*Generalised scleroderma* in a boy following an acute febrile affection; there was no history of rheumatism, and the heart was healthy (SANGSTER).

*Case of lupus*; *Molluscum sebaceum* of scrotum (BLOXAM).

## FORTY-EIGHTH MEETING, APRIL 13TH, 1887.

CHAIRMAN, DR. D. B. LEES.

DR. MITCHELL BRUCE. *Lichen scrofulosus*? in a phthisical subject.

MR. HARRISON CRIPPS. (1) *Vaccinal syphilis* in an infant and inoculation of the mother's breast.

(2) *Psoriasis simulating Pityriasis rosea*.

(3) *Lupus erythematosus*.

DR. RADCLIFFE-CROCKER. (1) *Case for diagnosis*. A man, aged 45 years, with bossy growths on nose, orbit, etc. He died suddenly about a year later.

(2) *Infantile pemphigus* (? *syphilitic*).

(3) *Lichen planus* of the penis.

(4) *Pigmentary syphilide* of the neck in a girl, aged 11 years, drawing of.

DR. COLCOTT FOX. (1) *Urticaria pigmentosa* closely resembling xan-

thoma in a boy, H. W—, aged 15 months. The patient was the fifth child and had had pertussis; the others were healthy. The eruption appeared as "white blisters," as if a flea had bitten him, two to three months before. The "blisters" died down and left yellow macules of corresponding size and shape. When recent the lesions were distinctly raised and palpable. They all came in about a week. There had been no subsequent development of wheals, and no itching. The spots were smooth and of two kinds, one like a "liver spot," but faintly raised, the other distinctly raised and easily felt. They were dotted about the legs, thighs, arms, neck, and forehead. There was one on the scalp and twenty to thirty might be counted on the trunk. An eighth of a grain of extract of belladonna was given every four hours, and a fortnight later a punctate roseolous rash was noted on the arms, legs, and neck, either conical in shape, or rather flattened.

(2) *Crescentic psoriasiform syphilide* of the shoulder and thigh of a boy, aged 10 years (G. A—), the subject of inherited syphilis. The family history was remarkable. The mother married twice, having three children by her first husband, and ten by her second. The second husband died of phthisis. There was a difference of twenty years between the first child and the last (thirteenth). All those living had been seen by Dr. Fox or were under his care. Four died of fits between the ages of two and six months, but all the living children (nine) from the eldest to the youngest, bore the stigmata of syphilis. The most injured were the ninth child (George) and the last (thirteenth). The latter was under his care as a baby for snuffles and hoarseness dating from birth, various syphilitic eruptions, typical osteo-chondritis and pseudo-paralysis of the legs and arms, with diffuse periostitis. The mother had always appeared to be strong and healthy, and it was remarkable that she had never had a premature or still-birth, or a miscarriage.

*Note.*—See similar eruption on October 12th, 1887. *Westminster Hoep. Rep.*, 1888, vol. iv, p. 158.

(3) *Case for diagnosis* in a man (J. B—), aged 68 years, with an eruption of one year's duration. It was symmetrically distributed in the axillæ, down the arms, mostly on the inside, and on the thighs to the popliteal spaces. A few lesions were situated on the backs of the hands, in the groins, and over the sacrum. They were scanty and isolated, but well-marked, fleshy, solid, smooth, and red in colour,

closely resembling certain ringed papular or nodular syphilides. They began as small papules, which enlarged peripherally to the size of a shilling or two-shilling piece, and became ringed or crescentic. The raised solid bordering was seen with a glass to be papulated. The man was believed to be perfectly respectable and denied all syphilis. On the other hand the lesions were peculiarly solid-looking for Erythema multiforme and more indolent in their evolution. There were very few subjective symptoms. Recurrences took place at irregular intervals, but generally every few weeks.

*Note.*—See December, 14th, 1887, and November 13th, 1889. This man was under observation for several years. The eruption was not syphilitic. Vesicated lesions were observed at times.

Mr. MORRIS. *Complete alopecia* in a boy, with atrophy of the nails, and associated with chilblains (previously shown July 8th, 1885).

Dr. PAYNE. *Lichen circumscriptus*.

Dr. PYE-SMITH. *Persistent infantile Prurigo æstivalis*.

Dr. DUCKWORTH. *Sclerema neonatorum*, drawing of, with microscopical sections.

Dr. LEES. Severe *acne* of the trunk.

Dr. MACKENZIE. *Lupus* of face, mouth, and larynx.

#### FORTY-NINTH MEETING, MAY 11TH, 1887.

CHAIRMAN, DR. STEPHEN MACKENZIE.

Mr. DENT. *Morphœa* of the back since Christmas in a child, aged 12 years.

Dr. PYE-SMITH. (1) *Pustular syphilide of the genitals*, late in time and rebellious to treatment. This case was recognised as under treatment four years before at Blackfriars Hospital.

See also January 8th, 1890 (Perry).

(2) *Lupus erythematosus*.

(3) *Boy with total Alopecia areata*.

Dr. CROCKER. (1) *Lupus erythematosus* of the scalp and eyelids in a girl, aged 13 years; duration one year.

(2) *Parasitic sycosis*, with microscopical specimens of the trichophyton fungus.

(3) *Lymphangiectodes* in a child, aged 13 years, since six months old.

(4) *Eczema of nails*, result of treatment.

See January 12th, 1887.

(5) *Lupus verrucosus*.

Dr. CAVAFY, for Dr. W. B. HADDEN. *Morphæa, diffuse*, of legs in a child, aged 2 years. Duration seven or eight months.

Dr. SANGSTER, for Dr. STEDMAN. *Hairs*, fungoid deposit on, with red staining of the sweat; also microscopical specimens of the same.

Dr. PRINGLE. *Granuloma fungoides*, a drawing of a case of.

See February 9th, 1887.

Dr. STOWERS. Two cases of *Lupus erythematosus*.

## FIFTIETH MEETING, JUNE 8TH, 1887.

CHAIRMAN, MR. MALCOLM MORRIS.

Dr. DUFFIN, for Dr. HAYES. *Lymphatic nævus* in a girl which began at 5 years.

Dr. COLCOTT FOX. (1) *Recurrent isolated, smooth, pale, glistening nodule for diagnosis* on the cheek of a woman. Original nodule excised by a surgeon. Giant-cells in the sections.

*Note*.—Subsequent observation of the case and the development of the nodules showed it to be syphilis.

(2) *Pityriasis rosea* in a child.

Dr. RADCLIFFE-CROCKER. (1) *Hydroa (Dermatitis herpetiformis)* or circinate erythema. The buccal mucous membrane was slightly involved.

(2) *Xanthoma of the eyelids and palms, knees and arm* in a woman suffering from migraine. A sister, aged 25 years, had it, commencing on the eyelids. Jaundice developed some time afterwards. She died in 1891.

(3) *Lupus erythematosus* to show results of treatment.

Dr. PRINGLE. *Scleroderma*, illustrating recovery in a man (B. T—), aged 45 years. No antecedent rheumatism, chorea, scarlatina, or other definite illness, except abscess in the perinæum in 1876. Six years ago after much worry and business anxiety he noticed deep pigmentation and hardness of skin of face, upper extremities and trunk, which he asserted came on quite suddenly. He came under exhibitor's observation on May 23rd for loss of appetite, flatulence, palpitation, nervousness, occasional faints and dyspnœa, "which seemed to proceed from the stomach." The hands, forearms, and face were the only parts distinctly sclerodermatous.

- Mr. BAKER. (1) *Ichthyosis (xerodermia)* in a cretin.  
 (2) *Verruca necrogenica*.

## FIFTY-FIRST MEETING, JULY 13TH, 1887.

CHAIRMAN, DR. J. F. PAYNE.

Dr. PYE-SMITH. (1) *Pityriasis rubra*, to show the effects of treatment. The patient had so-called psoriasis of the nails.

(2) *Ichthyosis hystrix*? The lesions were closely like *Ichthyosis hystrix*, but were distributed in lines and patches and the skin was not universally diseased. Many members held that the case was not one of true *ichthyosis*.

Mr. MALCOLM MORRIS. (1) *Comedones of the scalp* in a boy, aged 4 years.

(2) *Lepra anæsthetica*, with perforating ulcer of the foot.

(3) *Morphæa* of the thigh and neck in a girl, aged 21 years.

Mr. BAKER. *Rodent ulcer* in a woman, aged 33 years, of sixteen years' duration. The lesion was very superficial. It spread over the skin across the nose, cheek, and eyelids, without ulceration, and left scars, the new growth becoming broken up into short nodules and segments as it proceeded.

The growth was thought to be characteristic of rodent ulcer by some members. For the result of treatment see December 14th, 1887.

Dr. CROCKER. (1) *Urticaria pigmentosa* of thirteen months' duration of the macular variety. No itching.

(2) *Leprosy*. A peculiar eruption in a leper.

See *Dis. of Skin*, 2nd ed., p. 857, article "Scabies."

(3) *Pemphigus vegetans* of Neumann (water-colour drawing).

See *Med.-Chir. Trans.*, vol. lxxii, 1889, p. 233.

Dr. SANGSTER. *Tinea sycosis*.

Mr. CRIPPS. *Tinea versicolor*.

## FIFTY-SECOND MEETING, OCTOBER 12TH, 1887.

CHAIRMAN, DR. P. H. PYE-SMITH.

Dr. GOODHART. (1) *Dermatitis exfoliativa diffusa* produced by a wet pack given for acute nephritis.

In the discussion which arose several members mentioned a dermatitis seen in Bright's disease.

(2) A very severe case of *pemphigus* in a pallid and wasted child. The contents of the bullæ were puriform. The evolution of the eruption was stopped by the administration of Liq. arsenicalis  $\text{mxxii}$ , *ter die*, but this set up severe diarrhœa. Cod-liver oil had no effect.

See October 10th, 1888. Dr. Lees referred to a case of congenital pemphigus which got fat on Hydrarg. c. cret., though the bullæ continued to evolve.

Mr. WARREN TAY for Mr. NETTLESHIP. *Xanthoma*. An irregular patch the size of a shilling on the tip of a man's nose, of seven years' duration. The man stated that it was yellow in colour and formed by an aggregation of papules. He had never suffered from jaundice.

Dr. SANGSTER. (1) *Lupus erythematosus* in a female, aged 38 years, of four years' duration. There were several patches, leaving scars, on the scalp, where it began; also on the sides of the nose, the temples, and neck. She stated that many macules had disappeared.

(2) *Dermatitis exfoliativa* in a butcher. The face was free and the scalp was but slightly involved, otherwise the distribution was nearly universal. The condition about the knees suggested psoriasis.

(3) *Papular eruption with sclerotic changes and Tinea versicolor* in a stout man, aged 54 years. Besides the *Tinea versicolor*, to which a good deal of the pigmentation present was traceable, there was a peculiar eruption of eight or nine years' duration, characterised by flat, elevated, smooth plateaux or papules, reminding one of *Lichen planus*. These were white in colour and ran into a thick sclerotic sheet on the thighs near the groins. They existed all down the forearms and on the wrist, and slightly over the epigastrium. Round the neck they were red.

Dr. CAVAFY. *Disease of all the nails* of both hands in a girl. The distal half of the nails was lifted off the nail-bed and rather recurved by a moderate accumulation of epithelium. The fingers were a little puffy, with a tendency to be clubbed. There were no atrophic changes. She suffered from "dead fingers." She was said to have been cured once.

Dr. DUFFIN. Case showing *gummata* on upper arms.

Dr. COLCOTT FOX. *Psoriasiform syphilide* in a girl (P. B—), aged 13 years, the subject of inherited syphilis. This case was the exact counterpart of G. A—, shown April 13th, 1887.

*Note.*—The case is recorded in *Westminster Hosp. Rep.*, 1888, vol. iv, p. 157.

Mr. MORRIS. (1) *Three small ulcers* on the back of the left hand of

a young girl. The ulcers were rather punched out and rounded, and the borders raised and indurated, so as to clearly simulate the margin of a rodent ulcer. The general opinion was that the lesions were self-induced.

*Note.*—See November 9th, 1887. This case passed under the care of Mr. Waren Tay, at the London Hospital, who, after observation, had no doubt of its artificial nature. For a precisely similar case (with photograph), see Colcott Fox on "Feigned Skin Diseases," *Illust. Med. News*, vol. v, 1889, p. 98.—T. C. F.

(2) *Acneiform eruption* on the face and lobes of the ear of a girl, aged 13 years. The duration was four months. Enlarged glands were present in the neck, and the patient was scrofulous. The eruption left pitted scars, and the acneiform lesions were disseminated over the "flush patch" of the face.

The general opinion inclined to the diagnosis of Lupus erythematosus.

Dr. Fox identified the affection as the "Acneiform lupus" of Tilbury Fox.

Dr. RADCLIFFE-CROCKER. (1) *Psoriasis of the left hand, with onychogryphosis*, in a woman, aged 46 years. The duration was twenty-three years. There were typical psoriasis papules about the hand on both aspects. The right hand was at one time slightly involved. There was no family history of psoriasis, and no evidence of any general eruption at any time.

(2) *Bullous erythema* round the mouth, pubic region, etc., dating from six weeks of age. The condition looked like a chronic dry eczema. Anti-syphilitic treatment was found to be useless. The case was shown previously on January 14th, 1885, and was again brought to display the arsenical pigmentation on the abdomen. He died soon afterwards.

*Vide Atlas*, fig. 1, Plate XXXVII.

Mr. SHEILD. *Nævus* (port-wine) of both hands, and especially the feet, disseminated up the respective limbs, and present on the face and chin slightly. The extremities were very cold, and the feet were slightly ulcerated, but the ears not so. There was no evidence of Raynaud's disease.

#### FIFTY-THIRD MEETING, NOVEMBER 9TH, 1887.

CHAIRMAN, MR. A. M. SHEILD.

Dr. SANGSTER. *Chronic urticaria* in a man of twelve years' duration. The patient was apparently in good health. The eruption was distri-



buted mostly on the trunk and limbs. The lesions seen were rounded excoriations about the size of the little finger-nail, surrounded by a pink areola, but there was a history of white bumps coming out.

Mr. MORRIS. (1) *Ichthyosis simplex*. Well marked. First noticed at 12 months old. There was no family history of this affection. On the borders of the axillæ it had the hystrix character. The lobes of the ears were perfect.

(2) *Feigned disease*. The girl shown at the last meeting. The inflammation and swelling of the hand had subsided, displaying a rodent ulcer-like border to the ulcerations, but without induration beyond. The central ulcers were covered with a depressed, brown, adherent crust.

Mr. SHEILD. *Purpura* all over the legs of a woman with an eczematous ulcer of one lower third.

Dr. COLCOTT FOX. *Linear Nævus papillaris* in a woman (E. H—), in lines down the ulnar border of the left arm and backs of the fingers, in the left axilla, on the back of the neck in a vertical line, in the left side of the cleft of the nates, and the left groin. On the arm it had existed since childhood, on the neck twelve months, in the groin it was recent. It itched much.

See *Westminster Hosp. Rep.*, vol iv., 1888, p. 139.

Dr. PAYNE. *Lichen planus* (? *Pityriasis rosea*). The patient was a woman with a universal eruption of fourteen days' duration, commencing behind the knees. The trunk was covered with a thick-set pink, coarse, measly eruption, with slight mealy scales over the shoulders. It was thick on the abdomen, and a number of pink, finger-nail size, round macules were intermixed, but none were ringed. On the legs the colour was darker. It was scanty on the arms down to the wrists. In the front of the wrists it was like *Lichen planus*. It was mostly present on the flexor aspects.

Dr. BARLOW. *Erythema multiforme* (*Herpes iris*) in a sickly-looking woman, aged 45 years, who suffered from attacks every two or three months, lasting about one month. There was considerable constitutional disturbance. In one attack it was extremely severe, and the prognosis was considered grave. The temperature rose to 99·8° F., and the mouth and throat were much affected with ? *Herpes*. The hands were the seat of white opalescent bullæ without special characters, with the exception of two or three lesions, but a drawing (shown) of

a former attack left no doubt as to the nature of the illness. There were a good many lesions on the palms and a few on the soles. It was present nowhere else, but had occurred formerly on the knees.

FIFTY-FOURTH MEETING, DECEMBER 14TH, 1887.

CHAIRMAN, DR. JOHN CAVAFY.

Mr. HARRISON CRIPPS. (1) *Multiple sarcomata* of the trunk and upper arms in a wasted and very cachectic middle-aged man. The duration was six to seven months. The body was studded sparsely with very circumscribed solid, rounded, or oval tumours. They varied in size from the head of a big pin or pea to a walnut. The biggest began to flatten on the top and the skin to redden preliminary to ulceration. The skin could be pinched up over some, and they were evidently subcutaneous in origin.

In the ensuing discussion, Mr. CRIPPS mentioned that such an affection might kill in a few months, but he had seen it last four years. Dr. DUFFIN had seen a similar case. Dr. PRINGLE had seen two cases, secondary to sarcoma of the stomach; and a case then in University College Hospital was referred to where secondary melanotic tumours of the belly occurred after removal of scirrhus of the breast.

(2) *Molluscum fibrosum* in an old woman, distributed all over the trunk, limbs, face, head, palms, and soles. The tumours were very soft and of all sizes, many being pedunculated. There was no dermatolysis. The duration was twenty-seven years.

(3) *Psoriasis, very marked and curiously-ringed universal sub-acute case of*, of five weeks' duration, in a young man who had been subject to attacks since he was eight years old. The peculiar feature of the case was the rapidity with which the lesions on the trunk became ringed. None of these exceeded the finger-nail in size, so that Pityriasis rosea was simulated. The rings were scaly and so was the eruption of the hands.

All the members were agreed it was psoriasis. There was no evidence of syphilis.

(4) *Lichen circinatus* of the trunk and seborrhœa of the scalp.

Dr. RADCLIFFE-CROCKER. (1) *Paget's disease*, affecting the left side of the scrotum and penis, and extending on to the pubis, in an old man. The lesion consisted of a raw, eczematous-looking area, exuding a slight amount of sero-pus. Of late two nodules had formed in the centre. The edge of the area was not infiltrated and raised. The duration was two years.

The members were struck with the resemblance of this affection to Paget's disease of the nipple. (See *Path. Soc. Trans.*, with plate, vol. xI, 1889, p. 187.)

(2) *Ichthyos'is hystrix*, strictly confined to the right side of the body and right limbs. The skin between the bands and lines was healthy. The case was previously shown on December 8th, 1886, and was brought again to display the effects of local treatment by salicylic acid.

Dr. SANGSTER. *Relapse of pemphigus? Impetigo contagiosa?* The man had suffered severely from pemphigus, of which the stains alone remain. This was followed by an eruption of an erythematous type on the buttocks, with the exception of one clear bulla.

Dr. SANGSTER thought it was pemphigus; some other members believed it to be *Impetigo contagiosa* from scratching. (See January 10th, 1888.)

Dr. STEPHEN MACKENZIE. (1) *Recurrent attacks of lymphangitis* of the face in a girl, leaving much persistent swelling.

(2) *A case for diagnosis*. The patient was a young man, who was covered over the trunk and especially the abdomen with macules, in size from a split-pea to a finger-nail. There were no rings. It was of five weeks' duration. On clearing up of the lesions much staining was left. Dr. Mackenzie was certain it was not syphilis, though there had been a slight sore throat. It did not appear to be a drug eruption. ? *Pityriasis maculata* of Dühring. (Subsequent progress not known.)

Mr. MALCOLM MORRIS. *Comedones of the cheeks and nose*, with the distribution of *Lupus erythematosus*, in an old man.

*Note.*—See Hutchinson's plate in *Illustrations of Clinical Surgery*: Thin, *Lancet*, October 13th, 1888 (figure); and Colcott Fox, *Westminster Hosp. Rep.*

Dr. COLCOTT FOX. (1) *Pityriasis rosea of Gibert* in two children, a brother and sister. The duration was respectively two months and six weeks. The eruption was well marked, consisting of slightly raised, pink, roughened macules, less than the little finger-nail in size, and disseminated thickly over the trunk, especially on the abdomen.

*Note.*—Some doubt was expressed as to the nature of the affection, but the subsequent course and spontaneous disappearance of the eruption showed that it was not a delicate psoriasis. The exhibitor had seen two brothers (adults) simultaneously affected with typical *Pityriasis rosea*.

(2) *Eruption in an old man*, previously shown April 13th, 1887. The lesions had the same distribution, but had become vesicular.

*Note.*—This man was under the exhibitor's care for some years, and recurrences

similar to those described were observed. The distribution was always similar, though the number of the lesions and the intensity of the inflammatory process varied. It never was very acute. If the eruption was to be included in the *Dermatitis herpetiformis* group it was very abnormal. He had made sections of the eruption and found simple inflammation as in *Erythema papulatum*. (See November 13th, 1889).

Mr. BAKER. (1) *Syphilis* (? *pemphigus*) in a child, with the abdomen studded with round scars the size of a shilling. On the right thigh there was a superficial ulcer as if left by a bulla.

(2) *Rodent ulcer*? A very superficial case, previously shown on July 13th, 1887.

Mr. BAKER thought it was a lupus, but Dr. ROBERT LIVEING and the majority of the members considered it to be a rodent ulcer.

Dr. ROBERT LIVEING. (1) *Disease of the nails* in a man, aged 27 years. All the nails of the hands and feet were affected. The duration was five months. The nails were diseased at their free extremities apparently by the accumulation of epithelium beneath them, raising them from their beds. One nail, which was especially lifted up, was surrounded by some inflammation. The man had never had any eruption.

(2) *Case for diagnosis*. An adult girl with about half a dozen curious patches on the buttocks, in size from a split-pea to a five-shilling piece. At a distance it looked like Mr. Hutchinson's "*Lupus lymphaticus*," but close inspection showed the patches to be warty, and that the follicles were plugged as in some cases of *Lupus erythematosus*. There was no evident erythematous element.

There was much difference of opinion as to the nature of the affection, morphœa, *Lichen pilaris*, and especially *Lupus erythematosus* being mentioned.

Dr. BARLOW. *Case for diagnosis*. Drawings of the tongue and leg of a child, showing a pustular eruption, suggesting varicella gangrænosa, occurring with a secondary sore throat after scarlet fever.

Dr. PRINGLE. *Erythema gangrænosum* (two cases). Two children with rounded patches of ulcerative dermatitis on the backs of the hands.

#### FIFTY-FIFTH MEETING, JANUARY 10TH, 1888.

CHAIRMAN, Dr. H. RADCLIFFE-CROCKER.

Dr. CAVAFY. *Chronic erythematous eruption* in a young, healthy-looking man, aged 21 years, of six months' duration. The face had

been covered, but the eruption had cleared off from there. The chest and abdomen were thickly covered. The eruption ceased suddenly at a line in front of the axilla on each side. The back was slightly involved. When first seen, one month previously, the abdomen was free, but there was some eruption down the inside of the arms and on the thighs. The eruption was erythematous and macular, but not ringed. There were no scars, except perhaps on the ears. The diagnosis was uncertain. ? Lupus erythematosus, or Pityriasis rosea.

Dr. STEPHEN MACKENZIE. *A case for diagnosis* consisting of a very curious condition in a girl, aged 18 years, said to be of five years' duration. There was a faint yellowish tint in some parts. The palm and extensor aspects of the digital joints on the left hand were involved, also the left arm, the greater part of the left side of the trunk, and the *whole* of the neck. On the palm the condition looked like tylosis, but the distribution was not quite uniform and the lines of flexure were free, or at any rate less affected. Over the knuckles the condition was more warty. ? Xanthoma.

Many of the members considered it to be a congenital hyperkeratosis.

Dr. PAYNE. *A superficial inflammatory eruption* over the chin, lips, and adjoining portion of the cheeks in a young man; and a patch at the inner canthus. Diagnosis: ? Lupus erythematosus or seborrhœa.

Dr. SANGSTER. *An erythematous patch*, the size of a shilling, on the outer side of the lower lip in a middle-aged woman, following the removal, eight months previously, of a little wart (?) from the angle of the lower lip. Anti-syphilitic treatment proved useless.

The diagnosis of the majority was Lupus erythematosus.

Mr. SHEILD. *Keloid or hypertrophic scar tissue* on the cheeks, left by scraping for the cure of lupus.

A discussion arose on the relative frequency of this condition after scraping and cutting.

Dr. PERRY. *A boy with a follicular eruption* of six years' duration. On the outside of one elbow was a patch composed of miliary follicular papules, plugged with exuviæ (like Keratosis pilaris). Below both knees on the shins there were distinct indications of the eruption, but for the most part the lesions were flattened, and formed shining, livid papules, indistinguishable from Lichen planus. Much of the eruption on the legs passed into a further confluent warty stage like an old patch of Lichen planus of the shins.

This case led to considerable discussion. Most members thought it a Lichen planus, but others disagreed, and pointed to the chronicity of the affection, its localisation, and the obvious origin of the eruption at the hair-follicles.

This case serves to illustrate the growth of our knowledge of the acuminate follicular phase of Wilson's lichen.

Mr. MALCOLM MORRIS. *A badly-marked case of Erythema (Herpes) iris* of the hands and fingers (both aspects) for diagnosis. The eruption was scanty, not ringed, and faintly coloured. Purulent blebs were present here and there. A similar attack had occurred about the same time last year. The patient was not ill.

Dr. RADCLIFFE-CROCKER. (1) *Drawing of comedones with acne of a child's forehead.*

(2) A man with *purpuric stains* all over the limbs, but mostly on the legs, and gangrenous ulcers in the popliteal spaces. The patient was said to be gouty, but not syphilitic.

Dr. MACKENZIE observed that he had seen very similar cases.

(3) An old man with the whole of the abdomen covered with *comedones*. Most of the trunk was similarly but less affected. He had suffered at one time from an extensive folliculitis of the shins. The lesions were not shiny and rasp-like.

(4) *Rodent ulcer* covering all the left side of the forehead and temple, with destruction of the left eye and replacement by a fungating mass. It had spread across the greater part of the right forehead, where the typical edge was seen. The peculiarity of the case was the extent of surface covered, and the very superficial character of the growths with its spontaneous involution leaving a superficial scar.

(To be continued.)

## EDITORIAL.

ON the evening of June 12th, 1907, what may be fitly described as the closing scene of the Dermatological Society of London took place, when the members dined together at Pagni's Restaurant. Mr. Jonathan Hutchinson, the *doyen* of British dermatologists, was in the chair, and the following members were present: Drs. Radcliffe-Crocker, Colcott Fox, Malcolm Morris, Galloway, Stowers, Pringle, Ormerod, Willmott Evans, Sequeira, Dore, Whitfield, Graham Little,

Bunch, Adamson, Pernet, Wilfrid Fox, and MacLeod. After the dinner the proceedings were of a social rather than a formal character, and there was no pre-arranged toast-list. Still, the evening would have been far from complete had not the sentiments felt by every member been voiced in a few happy, spontaneous speeches. Mr. Hutchinson referred to the great progress dermatology, as a special branch of medicine, had made since he first became interested in it. He carried his audience back to a time—more than half a century before—when he assisted Mr. Startin at Blackfriars Hospital, when that hospital was the only place in London where skin-diseases could be specially studied, and when special departments had not been established at the various teaching hospitals. He described with a tinge of humour the state of the scientific knowledge of dermatology at the time, and the impression it had made on Hebra on his first visit to London. He referred to the work which had been done by the Society, during its life of twenty-five years, in advancing the subject, and to the great debt that was owed to its founders and original secretaries—Dr. Stowers and the late Dr. Alfred Sangster. Dr. Stowers followed with a timely appreciation of the labours of the various original members since passed away, who had played so important a part in the progress of British dermatology, such as Sir Erasmus Wilson, Mr. Morrant Baker, Dr. Hilton Fagge, and Dr. Alfred Sangster. He attributed the great advances which the science had made in recent years in this country to the work of the Society, the uniformity of teaching brought about by its informal discussions, to the treatises on the subject written by its members, and to the labours of the various editors of the *British Journal of Dermatology*. Dr. Radcliffe-Crocker then referred to the inestimable educational value of the meetings of the Society and to the advantages which had accrued from the informal and friendly nature of their conduct, where every member met on the common and unselfish ground of doing what he could for the advancement of the subject by the demonstration of cases of interest from his own clinique. Mr. Malcolm Morris hoped that the members of the Society would cordially co-operate with each other and with the members of the Dermatological Society of Great Britain and Ireland, in making the section of the Royal Society of Medicine an unqualified success,

and that its proceedings would retain the simplicity of character of those of the old Society, and, as far as possible, be of the nature of clinical demonstrations of cases of practical interest rather than formal papers followed by more or less prolonged discussions. Dr. Colcott Fox also expressed his feelings of gratitude to the Society, and trusted that the spirit of honest endeavour for the good of others which had been characteristic of its meetings would still exist in the new section. He referred also to the work done by the journal, and hoped that it might long continue to indicate in an adequate fashion the progress which was being made in the advancement of the subject.

No one present, on looking back over the many pleasant meetings of the Society at 11, Chandos Street, could have helped being conscious of a feeling of sorrow that they were at an end, but as there is a silver lining to every cloud, so the regret was mingled with the belief that the spirit of the old Society would live and flourish in a wider sphere in the Royal Society of Medicine, and that the memories of the past, dear to every member, would act as a stimulus to further unselfish endeavour in the future. "Le roi est mort, vive le roi."

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## CURRENT LITERATURE.

**THE RADIUM TREATMENT OF LUPUS.** P. WICHMANN. (*Monats. f. prakt. Derm.*, December 15th, 1906, p. 687.)

ALTHOUGH the radium treatment of lupus dates back to the year 1901, there is only a moderate amount of literature dealing with it. Two pieces of work from Neisser's clinic have, however, thrown light upon the method, inasmuch as they were controlled by histological examination. Halkin made use of 0.13 g. radium-barium-bromide, enclosed in an aluminium-covered metal capsule. In two cases he produced a slight, but lasting, effect; in three cases a short, but intense, effect; in two other cases he continued the application until ulceration was induced. His results were unfavourable, except where the superficial layers of the tissue were destroyed. This action did not, however, appear to correspond proportionately to the deeper action of the Becquerel rays, and his conclusions were unfavourable to the method.

Strassmann made use of a preparation of radium, which, after splitting off of the barium, only contained radium bromide, and the amount used weighed 10 mg. His results were just as favourable as those of Halkin were unfavour-



able, and he found that it was unnecessary to bring about deep ulceration. It is true that the pieces of tissue excised by Strassmann were cut out later, and possibly the fact that the rays had had longer to act might, to some extent, account for the difference in the result. Moreover, he used a stronger preparation of radium than Halkin, and it must be remembered that pathological tissue absorbs radium rays much more than healthy skin, in the proportion of 66·7 per cent. to 31·7 per cent. If, by the arrangement of the enclosing capsule, as in Halkin's experiments, the  $\alpha$  rays are cut off, and only the  $\gamma$  and  $\beta$  rays allowed to penetrate the tissues, those rays of lesser penetration are absorbed in the upper layers of the skin, and produce a strong reaction. Thus, a marked inflammatory reaction is brought about before the deeper tissues are sensibly affected. This accounts for Halkin's unfavourable results to some extent. Strassmann, on the other hand, enclosed his capsules in rubber tissue, which cut off the less penetrating rays and allowed the more penetrating rays to produce their favourable effect without inducing extensive superficial inflammation. An additional filter of layers of paper is recommended by Wichmann, and, when thus used, 5 mg. of radium bromide can be employed for as long as two hours continuously. Six days after such an application a slight erythema is produced, and six days later the area which has been treated becomes covered with a crust, which heals up in a fortnight.

Even if, in the course of subsequent applications, an already treated area again comes under the influence of the rays, no harm is done, since the regenerating powers of the tissue is great. The method is practical, and makes the application of radium free from danger, even in the treatment of lupus of mucous membranes. Such an affection of the soft palate can be treated with entire safety, and the results have been very favourable. Of course, these results can only be judged in the light of subsequent observation, but radium applied by such a method seems to promise excellent therapeutic effects.

J. L. B.

## REVIEWS.

### SKIN DISEASES AND THEIR TREATMENT.\*

THIS book is well adapted to the needs of the student and the general practitioner, inasmuch as it is practical, and gives not only a clear clinical description of the various forms of skin-disease, but also an excellent account of the methods of treatment. Even rare diseases, such as pinta, have been included, and it is perhaps advisable that the student should know that such a disease exists. Most of the more ordinary diseases are illustrated by plates taken from photographs, and there are also some reproductions of histological preparations and sections, and a good description of the methods employed in demonstrating ringworm fungus in hairs and scales and bacteria in the fluids from vesicles, pus, etc. The various forms of ringworm are described in detail, Sabouraud's original method of classification being followed, and his method of treatment recommended as the

\* *Skin Diseases and their Treatment.* By ARTHUR WHITFIELD, M.D.Lond., F.R.C.P. London: Edward Arnold, 1907. Pp. 320, Price 8s. 6d. net,

most rapid and efficient. By this means a temporary alopecia is brought about without any definite inflammatory reaction or risk of permanent baldness, and attention is drawn to the fact that the X-rays merely remove the hair, but do not cause the death of the fungus, so that it is necessary to keep the scalp carefully under antiseptic treatment until the last hair is out.

Under the description of Pityriasis rubra pilaris it is stated that the well-established disease can be mistaken for no other, and immediately afterwards that the disease has been erroneously considered identical with Lichen planus acuminatus. The distinction is certainly explained nine pages later, but no reference to this is given under the head of Pityriasis rubra pilaris.

The method of treatment of staphylococcic infections by means of bacterial vaccines is described as being undoubtedly of immense value, and to get the full benefit of the treatment it is necessary to carry out the examination of the blood in order to determine the opsonic index. It is as yet too soon to state definitely how long the good effects of the treatment last, but it is almost certain that when the resistance is so habitually low, as it appears to be in those patients who suffer from attacks of boils from their childhood upwards, it is necessary to repeat the course occasionally. If it be considered that this is against the method it must be remembered that it has at least a temporary specific value, whereas the old tonic treatment seldom or never has even this. Such a temperate statement of the claims of the opsonic method shows the author's judgments to be clear and well-balanced, and the book is also pleasantly written. It forms, as a whole, a useful little text-book, and one which we can cordially recommend.

J. L. B.

#### VERHANDLUNGEN DER DEUTSCHEN DERMATOLOGISCHEN GESELLSCHAFT.\*

A PREFACE by Professor Jadassohn, who is responsible for the *Transactions*, states that it has been decided to publish the papers and discussions dealing with experimental and micro-biological syphilis researches brought to the notice of the Congress in a first volume, on account of the interest of the subject, leaving the further transactions of the Congress to appear at a later date. The volume, which has now appeared, is of the greatest importance, since it contains contributions from many of the most distinguished continental authorities on syphilis. Thus there are papers by Metschnikoff, Hoffmann, Finger, Ehrmann and others, dealing with various phases of experimental syphilis and immunity, and an important paper by Neisser, of Breslau, on the results obtained by him and his co-workers both in Batavia and Breslau. He deals most ably with the difficulties which formerly rendered syphilis researches so difficult, namely our inability to find any animals other than man which were susceptible to syphilitic infection and our ignorance of the cause of syphilis. Then came the discovery in 1903 of Metschnikoff and Roux that apes were capable of contracting syphilis, and in 1905 of Schaudinn that syphilis was due to a spirochæte. That this spirochæte is undoubtedly the cause of syphilis Neisser strongly believes, and in these days of doubt it is comforting to see a belief so firmly formulated. But it is to Neisser's own experiments that one naturally turns, and it is of

\* *Verhandlungen der Deutschen Dermatologischen Gesellschaft*. Ninth Congress, held at Bern, September 12th-14th, 1906. First Volume. Berlin: Julius Springer, 1907. Pp. 313,

especial importance to notice that preventive action is no more possible in apes than in man with any true amount of certainty. Thus twenty-eight animals were inoculated with the same material—an old, not very virulent chancre. Five were kept as controls; twenty-three were treated immediately after inoculation with mercury injections. Of the controls, only one (orang-outang) developed a primary chancre; of those treated with mercury four, while fourteen remained negative. Although the number of those which remained negative is strikingly large, it is obvious that the experiment is not conclusive, and must be repeated.

Again, the organs of animals which had been treated with mercury were tested as regards possibility of inoculation. Only in the case of two animals was it possible to get a successful inoculation. These results are, of course, of little value, and demand repetition, but Neisser says that the experiments were carried out at a time when the inoculation of organs seldom was successful. The curative effect of mercury was, however, as evident in apes as men, and chancres, which had existed for a long time and showed no signs of healing, were cured rapidly by a few mercury injections.

The researches of many of the contributors are equally interesting, and the volume as a whole will well repay the closest study.

J. L. B.

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LIST OF BOOKS, PAMPHLETS, ETC., RECEIVED.

From SMITH, ELDER & Co., London, 1907. *Climatotherapy and Balneotherapy*. By Sir HERMANN WEBER and F. PARKES WEBER. Price 15s. net.

From AMERICAN DERMATOLOGICAL ASSOCIATION. *Official Report of the Proceedings at the Twenty-ninth Annual Meeting*. New York, December, 1905. By CHARLES J. WHITE.

From GUSTAV FISCHER, Jena, 1907. *Physiologie des Menschen*. By Dr. LUIGI LUCIANI (translated into German by Dr. SILVESTRO BAGLIONI and Dr. HANS WINTERSTEIN). Complete in twelve parts. Price 4 m. each part.

From JULIUS SPRINGER, Berlin, 1907. *Ninth Congress of the German Dermatological Society*. Held at Berne in September, 1906. Report of the proceedings. By Professor J. JADASSOHN.

From OCTAVE DOIN, Paris, 1907. *Le Micro-organisme de la Syphilis*. By Dr. LÉVY-BING. Price 5 fr.

From EDWARD ARNOLD, London, 1907. *A Handbook of Skin Diseases and their Treatment*. By ARTHUR WHITFIELD. Price 8s. 6d. net.

From FRANZ DEUTICKE, Leipzig and Vienna, 1907. *Text-book on Cutaneous and Urinary Diseases*. Part I. By Dr. ERNEST FINGER. Price 10 m.

# THE BRITISH JOURNAL OF DERMATOLOGY.

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## A CASE OF XANTHOMA DIABETICORUM.

BY GEORGE HERBERT LANCASHIRE, M.D.,

*Honorary Physician Manchester and Salford Hospital for Skin Diseases.*

THE following brief account of a well-marked example of this disease may be of interest :

Last autumn I. T—, aged 36 years, presented himself for examination in the Out-patient Department of our Skin Hospital. He is a tall, robust-looking man, inclined to stoutness. He looks strong and well; his only severe illness in the past has been an attack of enteric fever while serving with the army in South Africa. In 1903 he was invalided home, and it was about this time that he first noticed his skin-affection, which first appeared as streaks in the palms. For the next two years there were no fresh developments, but the palmar streaks persisted. Then came nodules on the elbows, followed a few months later by “pearly specks” between the fingers; still later these “specks” appeared on the palms and fingers themselves. There has never been any itching or other abnormal sensation, and the patient was solely concerned about the unsightliness of his eruption.

On examination two types of lesions were found. The first, which from the history given were the first to appear, were confined to the hands alone, and consisted of long striæ arranged apparently on either side of the normal palmar, digital, and wrist-joint creases. These striæ were of varying width, from the thickness of a knitting-needle to mere lines, were of a light lemon-yellow colour, and could scarcely be felt, being almost flush with the surrounding skin.

No zone of hyperæmia was adjacent to them; they looked merely like thin streaks of yellow paint on a healthy skin.

The other type of lesion was nodular, and was abundantly spread on the hands, fingers, wrists and elbows. The extensor aspect of the hands was free, with the exception of a few small nodules over the knuckles. On the palms and fingers nodules were plentiful, and in places grouped into chains and colonies. The nodules were firm and hard to the touch, orange-yellow, and a faint hyperæmic zone encircled some of them, being absent in others. Their average size was that of a millet-seed, but some had coalesced to form firm, yellow, pad-like excrescences. This fusing of nodules was more especially seen over the olecranon processes, where tumours the size of small haricot beans were evident. A noteworthy feature of all discrete lesions in the extensor aspect of the wrists and elbow-joints was that each nodule surrounded a hair-shaft. Those behind the wrists, moreover, were paler in colour, slightly dimpled in the centre, more globular than the rest, and slightly translucent, bearing a superficial resemblance, indeed, to *Molluscum contagiosum*. In the webbing between the fingers nodules appeared to be atrophied and undergoing absorption. The urine was examined. Its specific gravity was a little over 1020, but a copious deposit of copper oxide occurred with Fehling's test. Other signs of constitutional disease were absent, but my friend Dr. R. T. Williamson, who was kind enough to examine this patient, told me there was undoubtedly a mild form of diabetes present. During the past few months the amount of sugar in the urine has very considerably lessened (being, indeed, *nil* in my last examination)—the patient being under appropriate constitutional treatment—but the lesions in the upper limbs do not appear to have changed. On the other hand, there has been a fresh development, the buttocks having become covered within the past few weeks with a copious eruption of nodules, of exactly the same type as the others. This seems to be an unusual feature, recovery in other reported cases having been coincident with constitutional improvement. Despite his widespread eruption the patient looks and feels perfectly well. He is still quite free from uncomfortable sensations in his skin or elsewhere.

Nodules from the wrist were excised for examination. They cut with a firm, leathery feeling, were homogeneous to the naked eye and



TO ILLUSTRATE DR. LANCASHIRE'S CASE OF XANTHOMA DIABETICORUM.



uniformly yellow. Microscopically they showed as large infiltrating masses of round or fusiform nucleated cells in the corium. The outline of these masses is in part well defined, in part broken by processes extending from the parent mass among surrounding collagenous bundles. The masses are uniform; none show giant- or other large cells. There are practically no signs of inflammatory reaction round the masses. Osmic acid staining shows fat-granules uniformly permeating them; these granules are in large quantities within the cells, and are also scattered in the intra-cellular spaces.

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### FATAL CASE OF ACUTE LUPUS ERYTHEMATOSUS.

By T. SYDNEY SHORT, M.D.LOND.

*Physician to the General Hospital and Visiting Physician to the Infirmary,  
Birmingham.*

LUPUS erythematosus in the severe forms observed by Kaposi has not, so far as I can ascertain, been met with in this country. What appears to be a severe example of this disease corresponding in many ways with Kaposi's description\* recently came under my notice in the wards of the Workhouse Infirmary.

The patient, a woman, aged 28 years, was admitted to the infirmary on November 29th, 1906. Her history was that she had been ill for about four months.

The first signs noticed by the patient were on the tips of the fingers and toes, and on the lobules of the ears, where the skin became covered with coarse scales, and of a dark red colour. About the same time she began to suffer from pains in the head and back, accompanied by puffiness of the face in the morning, and occasional vomiting. These symptoms varied in acuteness, and the patient was treated for dyspepsia.

*On admission* the face was pale, with a diffuse swelling at the bridge of the nose and adjacent parts. On the left cheek over the malar region there was a reddened patch about the size of half a crown, the surface of which was dry and rough. The hairs of the eyebrows were very scanty. The finger tips and some of the toes were red and desquamating, and there was slight œdema of the feet.

\* Hebra's *Diseases of the Skin*, New Sydenham Society's Translation, vol. iv, pp. 21-26.



*Course of illness.*—A week later small blebs containing pus appeared on the side of one finger and one toe near the nails. Two weeks after admission the eruption on the left cheek became more marked; a similar condition appeared on the right cheek and on the eyebrows, and the upper lip became swollen and covered with herpetiform blebs, which dried up and formed thick crusts. This continued for about three weeks, the face getting more swollen and inflamed. The hair was very dry and came out rapidly, but there was no visible inflammation of the scalp. Small rings of white follicular ulcers appeared on the roof of the mouth; the vulva and feet became œdematous, and the lymphatic glands generally became enlarged, hard, and tender. The temperature during this period averaged about 101° F., and then came down gradually in two days to normal. At this time—that is, January 3rd, 1907, five weeks after admission—the patient had a general convulsion, becoming unconscious for two or three minutes, and on regaining consciousness vomited. Marked improvement of all the symptoms followed, and lasted for a week. Then vomiting began again, the face swelled, Herpes reappeared, and after a few days twitchings and convulsions were almost daily occurrences. The symptoms were very severe about the middle of January, that is, seven weeks after admission, and about a week before death. The appearances were then as follows: The face was very swollen and œdematous. Over the whole of the cheeks and forehead, but missing the upper and lower eyelids, the skin was of a dull red colour, and distinctly thickened. The congestion was most marked in the central region of the cheeks, and less marked at the margins of the patches. Both ears were greatly swollen and red, and their outer surfaces were covered with thick white sloughs. There was a discharge from the right auditory meatus. The nose was reddened, and slightly rough over its bridge, and the upper lip was greatly swollen and covered with thick dry scabs. Both eyebrows were affected symmetrically, the hair being thin and the skin rough and of a red colour. The hair of the scalp was extremely thin, but there was no eruption in this region. The fingers of both hands showed dark red scaly areas, chiefly on the palmar surface of their tips, but one or two red areas were visible on the dorsum of one or two of the fingers. The toes were similarly affected, the most marked changes being on the big toes. No

erythematous areas could be seen anywhere on the trunk and limbs, except at the point of the left elbow, where two very small red and slightly scaly spots were visible. The glands of the neck were much enlarged and prominent, and enlarged glands could also be felt in each axilla and groin. In the gluteal region two or three subcutaneous nodules were found; they caused the patient considerable pain. During the last week pneumonia developed; the patient became delirious, and died on January 23rd, eight weeks after admission. Her temperature was about normal until the herpetic condition of the face appeared, when it rose to about 101° F., until the period of slight improvement, after which it rose again to about 102° F. each night, falling to nearly normal in the morning. The urine was always of low specific gravity, 1007–1015; in spite of this the quantity was slightly below the average. A cloud of albumen appeared with the first rise of temperature and persisted.

On post-mortem examination the lymphatic glands were found to be generally enlarged; some contained purulent material in the centre. The nodules over the sacrum were enlarged lymphatic glands. Lungs: Extensive pneumonic consolidation on both sides. No sign of tuberculosis. Kidneys: Very pale red mottled. Microscopically showed marked cloudy swelling and small hæmorrhages.

The following note of the pathology of the condition has been kindly supplied by Dr. Miller, pathologist to the General Hospital :

The following tissues were sent to the Pathological Department at the General Hospital: Skin from face and great toe, subcutaneous nodule from sacral region, several mesenteric glands, small portions of spleen, kidney, and lung. These were fixed in absolute alcohol, sections were cut in paraffin, and stained by different methods. The following microscopical appearances were observed :

*Skin of face* shows well-marked hyperkeratosis extending down into the gland-ducts, many of which are plugged with masses of keratin. The stratum Malpighii is considerably thinned. The papillary bodies are flattened out and the cutis shows numerous small spaces, some of which are lined with endothelium and appear to be dilated lymphatics; the majority, however, are merely spaces between the individual fibres of the connective tissue. These fibres appear to be undergoing degenerative changes, as indicated by a loss of characteristic staining reaction with fuchsin. Elastic fibres do not occur where the tunnelling change is most marked; where they are found they appear to be aggregated into clumps. There is considerable infiltration with inflammatory cells, but these occur mostly in clumps. The cells appear to be lymphocytes and fibroblasts; there are also numerous "plasma" cells. Polymorphs are not numerous.

*Skin of great toe* shows somewhat similar changes, but in a less marked degree, although hyperkeratosis is more pronounced.

*Subcutaneous nodule from sacral region* shows numerous lymphocytes and lymph-spaces lined with endothelium. It has the structure of a lymphoid nodule.

*Mesenteric glands* show marked evidence of acute inflammatory change. The sinuses are filled with fibrin and large vacuolated endothelial cells. The lymphoid cells are, to a great extent, replaced by large cells with a considerable amount of protoplasm, the nuclei of which are large and oval, often duplicated, and frequently showing mitotic figures. There are areas of hæmorrhage and other areas of complete necrosis. Sections were stained with Gram, carbolfuchsin, and by Ziehl-Neelsen's method, but no micro-organisms could be discovered.

*Spleen* shows acute congestion with swelling and vacuolation of the endothelial cells of the sinuses.

*Kidney* shows cloudy swelling of the cells of the convoluted tubules, also some chronic interstitial change in wedge-shaped areas extending inwards from the capsule.

*Lung* shows a condition of lobar pneumonia, the alveoli being filled with fibrino-cellular plugs.

Careful examination was made in each of the organs for evidence of tuberculosis, but none was found.

*Remarks.*—The above account corresponds with Kaposi's description of the severer forms of Lupus erythematosus with erysipelatous symptoms and a typhoid-like condition. Clinically, the noteworthy features of this case were :

- (1) The symmetrical distribution of the disease on the cheeks, where the skin could be felt to be dry and thickened superficially, with erysipelatous swelling of neighbouring parts.

- (2) The bulbous affection of the pinna of each ear breaking down to form sloughs.

- (3) The general enlargement of the lymphatic glands in the neck, axillæ, and groins.

- (4) The presence of painful subcutaneous nodules over the sacral region.

- (5) The presence of albumen in the urine.

- (6) The presence of small ulcers on the palate.

- (7) The rapidly fatal course of the disease.

The disease seems to have run an exceptionally rapid course, and the pathological findings seem to present quite unusual features which cannot fail to be of interest to English dermatologists.

My thanks are due to Dr. Douglas Heath, physician to the Skin-Department at the General Hospital, for his valuable advice and opinion, and to Dr. E. R. Thomson, my house-physician, for his notes on the case.

## SOCIETY INTELLIGENCE.

THE DERMATOLOGICAL SOCIETY OF GREAT BRITAIN  
AND IRELAND.

THE final meeting of this Society, prior to its becoming merged into the Dermatological Section of the new Royal Society of Medicine, was held on June 26th, 1907, Dr. LESLIE ROBERTS, the President, being in the chair.

The following cases were exhibited :

Dr. ALFRED EDDOWES showed two patients: (1) a woman, aged 50 years, with a patch of cicatrising superficial ulceration on the left temple, of over twelve months' duration. The diameter of the patch at its widest part was about two inches. The whole of the centre was occupied by a perfect, white, flat and mobile scar. The border was formed by an almost unbroken, thin, red, raised, and here and there crusted line. Though no specific history has been elicited, Dr. Eddowes believed it to be a very superficial syphilide due chiefly to cell-infiltration of the papillary body, with very little hypertrophy of the epidermis. A few of the members present seemed to think the case was, or might prove to be, one of rodent ulcer. The patient was being treated on the assumption that the case was one of syphilis, and would be shown again or reported upon.

(2) A girl, aged 15 years, the subject of a *chronic pruriginous eczema*. The limbs were severely affected, giving the appearance of Hebra's prurigo. The case was brought specially to exhibit the enormous number of whitish pustules which had formed in the centres of the single indurated papules and scattered throughout the patches of confluent papules. Cultivations of cocci had been obtained from these pustules, and although some thought such cocci might be simply saprophytic, Dr. Eddowes said their presence might be of the greatest importance and at any rate deserved close observation. It frequently happened in cases of chronic eczema and psoriasis and other chronic skin-affections that, when the skin affected was covered up by ointments or pastes which were antiseptic, as in this patient's case, small pustules or even boils appeared. He believed that organisms which might be saprophytic on one patient's skin might be sufficient to cause slight and chronic reaction in that of another. This

girl was under-sized and had a history suggestive of *Urticaria papulosa*. When in hot weather, owing to the extra warmth and action of the skin, pustules formed under antiseptic dressings, especially when deeply situated in the follicles, it was one of the strongest arguments in favour of a local parasitic factor in the causation of the skin lesion.

(3) Photographs from (a) a case of *very malignant syphilis* in which about one quarter of the whole body surface had been ulcerated and in which a terrible destruction of the nose was being treated by fuming nitric acid as other milder local applications had failed to check the phagedænic ulceration; (b) a photograph of the arm of a woman who was suffering from a generalised *pemphigus*. The patient was aged 55 years, and had suffered about two years.

Mr. T. J. P. HARTIGAN showed (1) a man, aged 68 years, with *Lupus erythematosus of the scalp* of forty years' duration. The disease had also invaded the neck and presented a marked atrophic tendency. The patient's general health had not suffered, apparently, in any way.

(2) *A case for diagnosis*. The patient was a daughter of the above, who had suffered from what appeared to be an acute attack of eczema ten days after her last confinement three months ago. When she was five years old she had a scalp affection, and she had been more or less bald since the age of ten. The exhibitor showed her from the point of view of the cause of the baldness, and also to elicit the opinions of members with regard to the relationship of her condition to *Lupus erythematosus*.

The case gave rise to considerable comment, some of the members expressing the view that the whole condition might have been explained by the presence of a *favus* of long standing, while others held that the cause of the trouble was a *seborrhœa* associated with a necrotic folliculitis, unassociated with *Lupus erythematosus*.

(3) A little girl, aged 4 years, whom he had treated for a large *hairy mole* upon the face by means of radium. The right malar region was now occupied by a scar encroaching somewhat upon the lower eyelid.

(4) A man, aged 56 years, with a *rodent ulcer* that had been similarly treated with marked success. The original place had now well healed, but, unfortunately, a small nodule had recently made its appearance upon the nose, unconnected, however, with the scar.

Mr. SPENCER HURLBUTT showed a case for diagnosis. The patient, an intelligent, fairly well-developed boy, aged 4 years, had always been in a delicate state of health. Two years ago he had an attack of measles, followed by "the breaking-out of sores and boils all over his body"; there are healthy-looking scars in the sub-maxillary region and on right cheek which mark the site of the subsequent ulcers.

His present trouble commenced in February as "small spots in a ring" on the abdomen; this was diagnosed as ringworm and painted with iodine. Notwithstanding this and the application of various other remedies, the patch was stated to be slowly spreading when seen by the exhibitor a fortnight since.

The diseased area consists of a single, well-defined, circumscribed patch, rather larger than a crown piece, and situated below and to the right of the umbilicus; roundish in shape and a raised surface of a dull red colour, scantily covered with thin, dry, whitish scales. The condition gave rise to no itching or other subjective symptoms, and there were no other lesions on the trunk or limbs.

Both parents and one sister of the patient are alive and in good health. No history of skin-disease or tuberculosis could be traced in the family.

Dr. WARDE thought that tuberculosis was a factor to be seriously discussed. He recalled a similar case from his own experience, and pointed out that the psoriasiform lupus (Hutchinson) frequently ran a very rapid course.

The PRESIDENT said that psoriasis often appeared as single patches in childhood, and he believed that this was a simple case of that disease. Moreover, it had appeared too rapidly for tuberculosis.

Dr. G. NORMAN MEACHEN exhibited a male infant, aged 8 months, with a *bromide eruption*. The rash was pustular in character, but it had coalesced into the typical flat plaques upon the left thigh. The vaccination scars were the first part to be attacked four months ago. The source of the drug had not been definitely traced.

Dr. T. D. SAVILL showed (1) a young woman, aged 26 years, whom he had exhibited before the Society a year ago, suffering from *Epidermolysis bullosa*. Both she and her brother had improved greatly upon four-grain doses of the extract of ergot, administered twice daily. She had now returned with a fresh crop of bullæ on the legs and the right ear. All her nails were diseased, being curved and atrophic.

(2) A girl, aged 21 years, presenting a papular, scaling condition of both palms, associated with some hyperidrosis. She had suffered in this manner for three consecutive summers. The relationship of this condition to other angio-neurotic dermatoses was discussed by the exhibitor.

Dr. J. H. STOWERS recommended the wearing of gloves which had been steeped in a saturated solution of boric acid, after the plan devised by the late Dr. Thin for bromidrosis.

A SPECIAL GENERAL MEETING of the Dermatological Society of Great Britain and Ireland was held on the same date for the purpose of formally dissolving the Society and handing over its property to the Royal Society of Medicine. Resolutions to this effect were moved by the President, Dr. Leslie Roberts, and carried unanimously. The proceedings were concluded by Dr. Stowers proposing a vote of thanks to the President and Officers, which was cordially carried.

A general sense of regret was felt by members that with this meeting the individual existence of the Dermatological Society of Great Britain and Ireland had come to a close.

The Society, since its inauguration in May, 1894, has done consistently good work; its meetings have been regularly held and have been a source of pleasure and profit to the many members and visitors who have attended them. Instructive papers have been read from time to time by eminent dermatologists in this country and by the following distinguished savants abroad: Unna (Hamburg), Corlett (Ohio), Sabouraud (Paris), and Lassar (Berlin).

A sufficient number of cases has always been available for inspection and discussion at the ordinary meetings. Coloured drawings of the more rare diseases have been made at the expense of the Society and now pass into the possession of the new Society.

The union of the Society with the Dermatological Society of London, unanimously agreed to at a special meeting in November, 1905, has become an accomplished fact, and it is confidently anticipated that the influence and work of both Societies will continue with every prospect of success so that the New Section may maintain and increase the reputation of the British School of Dermatology.

NOTES ON THE MEETINGS OF THE DERMATOLOGICAL  
SOCIETY OF LONDON FROM 1882 TO 1894.

By T. COLCOTT FOX, M.B., F.R.C.P.

(Continued from page 263.)

FIFTY-SIXTH MEETING, FEBRUARY 8TH, 1888.

CHAIRMAN, DR. J. MITCHELL BRUCE.

Dr. PYE-SMITH. *Lupus vulgaris*. Three or four very large circinate patches in a boy, aged 13 years. Duration ten years.

Dr. CROCKER. (1) *A girl with swollen, red, hot hands*. It came on suddenly, like flushing of the face, after meals, especially after hot meals. It was not Raynaud's disease.

Note.—Compare with Weir Mitchell's erythromelalgia.

(2) *Lupus vulgaris* of the side of the face of a man, aged 25 years, spreading over the mucous membrane of the lower lip into the mouth, where it was papillated. The lip was studded with a number of semi-translucent granules, simulating vesicles. The case was brought to show the condition on the lip, and to raise the point whether it afforded any clue to the nature of Mr. Hutchinson's case of so-called *Lupus lymphaticus*. Vide *Atlas*, Plate LXXIV.

Dr. SANGSTER. *Lupus erythematosus* of the face and ears in a woman to show the result of treatment after one application of the thermo-cautery. Scars of former suppurating glands were present in the neck.

Dr. MITCHELL BRUCE. *Multiple fatty tumours* in a man addicted to alcoholic intemperance. The tumours were seated in the mammary regions, loins, upper arms, front of thighs, shoulders, but not on the back of the head and neck. There was no linear atrophy.

Dr. COLCOTT FOX. (1) *Multiple rodent ulcers* (three) in a man (W. C—). He had suffered in youth from an attack of smallpox and almost every scar had become papillated and roughened.

Note.—See *Westminster Hospital Reports*, vol. iv, 1888, p. 148. The patient died in 1898, aged about 74 years, after great extension of the disease.

(2) *Case for diagnosis*. A girl, aged 11 years, with a purpuric-looking eruption on the arms, neck, and especially the legs. The diagnosis remained uncertain.



## FIFTY-SEVENTH MEETING, MARCH 15TH, 1888.

CHAIRMAN, DR. H. RADCLIFFE-CROCKER.

Dr. PRINGLE. *Hypertrophy of the lips and nose* in a boy subject to attacks of "recurrent erysipelas."

Dr. PAYNE. *Case for diagnosis.* A man with citron-coloured or faintly-red, semi-translucent, miliary papules all over the face and neck (drawing executed by Burgess). This case elicited a good deal of discussion and difference of opinion. Dr. Payne considered it Lichen planus. Colloid degeneration was suggested.

Dr. CAVAFY. *Case of Urticaria pigmentosa.*

Dr. COLCOTT FOX. An elderly woman with dead-white, thick scars, the size of a fourpenny-piece, abruptly circumscribed, and irregular in outline, situated on the calf. Each scar was surrounded with a very dark halo of pigmentation. One scar was superficially ulcerated. The scars originated from syphilides, but the case was brought forward to show their striking resemblance to morphœa.

Mr. ANDERSON. *Case of cheloid of the face undergoing sarcomatous change.* This case was further illustrated by microscopical sections of another case of cheloid of the abdomen undergoing sarcomatous degeneration. See *Lancet*, May 26th, 1888.

And cases of *hypertrophy of the lips and nose* (LIVING); *arsenical pigmentation* (LEES); *Lupus vulgaris, scrofuloderma, ulcerating syphiloderm* (CRIPPS); *Lupus vulgaris, Lupus erythematosus* (STOWERS); *psoriasis with æroderma* (MORRIS); *Urticaria pigmentosa* (CAVAFY); *Dermatitis herpetiformis* (MACKENZIE).

## FIFTY-EIGHTH MEETING, APRIL 11TH, 1888.

CHAIRMAN, DR. STEPHEN MACKENZIE.

Dr. S. MACKENZIE. (1) *Severe Lichen planus* in a boy, aged 9 years. Duration about four to five months. The eruption was a form of Lichen planus which was extremely difficult to distinguish from psoriasis.

The opinions of members differed regarding the diagnosis, but the majority agreed in regarding it as Lichen planus.

(2) Polish Jew pedlar, with unusual *Erythema* of hands, feet, and legs.

It subsequently proved to be a primary, multiple, pigmented sarcoma—Kaposi's type. See *Brit. Med. Journ.*, January 4th, 1890, p. 6. Exhibited later by Dr. Pringle.

Mr. M. MORRIS. *Lupus erythematosus* of the cheeks and arms in a woman, aged 22 years, complicated by ichthyosis.

Dr. COLCOTT FOX, for Mr. SPENCER. *Case for diagnosis.* A child with nodules the size of a pea, closely grouped in a circle, just above the ankle. The eruption had spread centrifugally. The overlying skin had become violaceous, but was not so at first. A tuberculated syphilide was simulated, but there was no clue to syphilis, and anti-syphilitic treatment had no effect.

Dr. CROCKER. (1) *Psoriasis* in a child aged  $2\frac{1}{2}$  years. The elbows and knees were unaffected, and it was generally agreed that this distribution was occasionally met with in children. Dr. Crocker mentioned a case of psoriasis at two years of age.

(2) *Lupus erythematosus and Lichen planus of the arms.*

Several members suspected this to be a case of Mr. Hutchinson's *Lupus psoriasis* (see May meeting).

And cases of *Dermatitis herpetiformis* (MACKENZIE); *Pruritus hiemalis* (CAVAFY); *tertiary syphilis with Lichen ruber* (MORRIS); *Pityriasis rubra, syphilitic ulcer* (CROCKER); *Lupus verrucosus* (PERRY).

#### FIFTY-NINTH MEETING, MAY 9TH, 1888.

CHAIRMAN, DR. ROBERT LIVEING.

Dr. STOWERS. (1) *Disease of nails, tropho-neurotic in origin*, in a woman, aged 67 years. The duration was thirty-seven years. Pustules had formed under and about the nails. The ends of the ungual phalanges were atrophied and shortened; the hands "glossy." Some of the nails of the feet were similarly affected.

(2) *Lupus vulgaris* in a woman, aged 30 years, of seven years' duration. The case was brought to show how the nostrils may completely grow together after scraping. The lupus extended all over the upper gums and along the hard palate.

(3) *An unusual disseminated (acneiform) eruption* on the back of a girl, aged 12 years (? *Acne scrofulosorum*) of three weeks' duration.

Mr. W. ANDERSON. *A syphilitic chancre of the cheek*, just under the right eye, simulating a fungating sarcoma. The lesion was fleshy, red, an inch high and across, but without any notable induration.

The related glands were indurated. The eruption was typical, all the symptoms disappearing under mercurial treatment.

See *British Journal of Dermatology*, January, 1889, vol. i, p. 73.

Dr. PERRY. *Case for diagnosis.* A young man with an indurated patch in one posterior triangle of the neck. Diagnosis Lichen planus? or Lichen simplex chronicus of the French?

Dr. S. MACKENZIE. (1) *Case for diagnosis.* A woman shown three years previously (see November 9th, 1884, and March 12th, 1890). Some erythematous papules and nodules were still seen on the backs of the elbow regions and just above, which had left a considerable number of marked scars. There was no ulceration or crusts. The scars were due to atrophy of the nodules and interstitial absorption. The woman had also two ulcers on the calf.

Published in *Clin. Soc. Trans.*, vol. xxii, p. 15, with chromo-lithograph.

(2) *Case of unusual psoriasis?* An enormous ring, apparently evolved from a single lesion, occupying the sacral region and small of the back. The patient never had any other eruption.

Some members suggested it might be tinea. (The case continued up to November, 1894. Though it had varied somewhat, it presented the same general character, and no fungus had been detected.)

Dr. CROCKER. *The case of Lupus erythematosus and Lichen planus* shown at the last meeting. The Lichen planus had entirely disappeared under treatment.

Dr. PRINGLE. Condyloma-like patches of *potassium-bromide eruption* on the shins of a young woman.

Dr. CAVAFY. *Lichen planus hypertrophicus* on the inside of the knees of a girl.

#### SIXTIETH MEETING, JUNE 13TH, 1888.

CHAIRMAN, DR. STEPHEN MACKENZIE.

Dr. GOODHART. *Scleroderma, general atrophic*, in a girl, aged 6 years. A pitiable case with every particle of skin "hide bound," and marked ectropion. The body was much wasted, and the limbs contracted. The duration was fifteen months.

*Note.*—See *Illustrated Medical News*, with illustration, vol. ii, February 2nd, 1889.

Mr. DENT. A woman, aged 37 years, with *Scleroderma diffusa*. The face, forearms, and hands were the seat of diffuse scleroderma.

She complained of a "drawing" in the tendons of her legs, but no skin changes were visible. She had lost several end-joints of her fingers with gangrene (probably Raynaud's disease). The fingers were apt to go black in colour with severe pain.

MR. MORRANT BAKER. (1) *Scleroderma* in a woman, aged 44 years. The left breast was removed in February, 1888. The scleroderma commenced on March 24th, and spread from the incision over the chest, and was marked by great swelling which was subsiding. The face and arms were also affected.

(2) *Lupus verrucosus* in a woman, aged 62 years. Duration twelve years. A round patch covering all the back of the left hand; scarred in the centre with a raised, warty edge. It commenced in the web between the ring and second finger.

DR. ROBERT LIVEING. (1) *Erythema bullosum* in a boy, with the face, palms, hands, and forearms up to the elbows, covered with perfect, pemphigus-like bullæ, the size of peas or nuts, seated on an erythematous base (not a mere macular areola). There was no labial herpes, but the mucous membrane of the mouth was involved. There was only one bulla seated on each erythematous patch, and no secondary rings. He had attacks twice a year.

(2) *Congenital so-called ichthyosis hystrix (keratoma or neuropathic papillomata)* in a boy. He was born with streaks of shining or roughened skin, and now there were warty patches like *Ichthyosis hystrix* in bands down one buttock outside of the thigh and in front of the shin reaching to the foot. Mr. Anderson pointed out that on the whole the patches did not well-correspond to any nervous distribution.

DR. PRINGLE. (1) A lad with a non-itching, semi-transparent, yellowish, miliary, papular eruption, disseminated sparsely over the nose and cheeks, of about six months' duration. The nodules were little prominent, but imbedded in the skin. Some were cupped in the centre suggesting their formation around sebaceous glands.

The nature of this case was very doubtful. Colloid milium, acne-lupus, xanthoma, and verruca were suggested as possible diagnoses.

(2) *Large nodules in the skin of a woman.* She had had rheumatic fever, but Drs. Mackenzie and Pringle did not consider the nodules rheumatic, as they did not occur over stretched regions, such as the scalp, elbow, etc., but mostly on the forearms.

(3) Case of ringworm of the back of the hand of the pustular type. Dr. COLCOTT FOX. (1) A hospital nurse with curious "growths" in the left cheek.

See January 9th, 1889, and Intern. Cong. Derm., London, 1896 ("Congestive Patches of the Face of Uncertain Nature in Two Sisters").

Besnier thought it was *Lupus erythematosus*.

(2) *Scrofuloderma*. The patient was an old cachectic man in miserable circumstances, with his back covered with doughy livid phlegmons, mostly about the size of a hazel nut, though a few were the size of acne papules. Many were confluent in large patches. The phlegmons slowly degenerated and finally burst and discharged creamy or cheesy contents, leaving white scars, which contrasted with the general deep-brown pigmentation of the skin. The ulcers healed, leaving most irregular bridled cicatrices radiating in all directions. There was no clue to syphilis. Calcium sulphide pills seemed to act beneficially.

This man was lost sight of, but Dr. Fox heard that he gradually wasted away and died of pneumonia in a cellar in Camberwell (see *Brit. Journ. Derm.*, vol. iv, 1892, p. 162).

(3) An early widespread, copious, large, fleshy, *hypertrophic syphilide* like a later tuberculated eruption. There was a large indurated nodule on the left thigh with central superficial ulceration, which was believed to be the primary lesion. The related glands were indurated, the tonsils eroded, and there was general adenitis.

This man continued to suffer severely from syphilis and developed rupia. In 1891 tuberculated syphilides still evolved, and he was covered with conspicuous scars. Mercury and iodide of potassium seemed to exercise but little control over the malady.

Dr. CROCKER. (1) *Congenital tylosis of palms*. Several other members of the family were affected. There was also a partial Pityriasis rubra which Dr. Crocker thought arose from a psoriasis.

(2) *Recurrent attacks of erysipelas* producing a very swollen face and upper lip in a boy.

Dr. STEPHEN MACKENZIE. (1) *Severe Lupus erythematosus* in a woman, aged 48 years (a fly maker). The face was universally swollen up and red from the confluence of the patches. On the backs of the fingers there were fairly typical discs of *Lupus erythematosus*, though no scars, and on the face a doubtful scar.

(2) A girl, aged 19 years, with *congenital and hereditary bullous eruption* of the soles and interdigits of the feet. The bullæ appeared

between Easter and October of each year, and were the size of a fourpenny- or sixpenny-piece. The father and a brother were affected in a similar way.

Dr. DAWSON WILLIAMS. A girl with multiple patches of *Lupus vulgaris*.

#### SIXTY-FIRST MEETING, JULY 11TH, 1888.

CHAIRMAN, MR. MALCOLM MORRIS.

The following cases were shown :

*Comedones in a child*, *Lichen pilaris* (MORRIS); *chronic dermatitis* with nævoid spots and pigmentation (PYE-SMITH); *swelled legs* (? *elephantoid*), (BARLOW); *pigmentary eruption* (PAYNE); "*elephantiasis*" of the arm following lymphangitis in a young woman (PRINGLE).

#### SIXTY-SECOND MEETING, OCTOBER 10TH, 1888.

CHAIRMAN, DR. J. F. PAYNE.

Dr. CAVAFFY. *Case of tuberculated leprosy*. The patient was a man, aged 34 years, looking 50, from East Indies, though of pure English blood. The duration was eight years. The face was much affected. The nails presented longitudinal ridges. Cultivation experiments were unsuccessful. There was some anæsthesia about one elbow.

Dr. ANGEL MONEY. *Lichen planus* in patches all over the body and limbs in a boy, aged 10 years. The duration was five years. Typical papules, isolated and in lines, were present on the wrists, uniting into irregular roughened or scaly patches. The palms and soles were the seat of tylosis, which was said to have begun with a *Lichen planus* eruption. The mucous membrane of mouth and nails was much affected; there was severe itching.

Mr. CLINTON DENT. *A woman with hypertrophic scar-tissue* on the right side of the neck, apparently after scrofulous glands. A large circular, superficially-ulcerated area over the left upper arm, as big as the palm, with a continuous raised edge, which had spread centrifugally. One patch occurred also on the buttock. Rapid amelioration took place under mercury and iodide of potassium.

Mr. MALCOLM MORRIS. (1) *Urticaria pigmentosa* in a child with marked tawny macules on the trunk and limbs, dating from three

months of age. The stains on being rubbed became wheals, though the intervening skin remained unaltered. The mother never noticed itching or wheals.

(2) *Pemphigus* with "essential shrinking of the conjunctiva."

See paper, *Brit. Journ. Derm.*, 1889, p. 175.

(3) *Lupus erythematosus* in a pallid girl, aged 15 years. It began at the age of thirteen on the face and backs of the fingers. The eruption consisted of macules and raised patches, one being large and ringed with faint scarring. The case resembled one under the care of Dr. Stephen Mackenzie.

Dr. CROCKER. (1) A woman with *Seborrhœa nigra* of the left side of the face. There was a large patch which was of a dirty-brown hue, either from true pigmentation or adherence of dirt. A drawing of the case was also exhibited.

(2) A negro (V. E—), with *ulceration of the prepuce and much œdema*. There was also ulceration of the groins and discharge of lymph, and large vegetations of the perineum. Diagnosis: *Framboesia*? or vegetating syphilide? There were some scars on the thighs, but no clear history of syphilis.

See May 8th, 1889, and October 9th, 1889.

*Note.*—Refer to Dr. Galloway's paper on "Ulcerating Granuloma of the Pudenda," *Brit. Journ. Derm.*, April, 1897, where the case is recorded.—T. C. F.

Mr. SHEILD. *Small purple spots (purpura-like)* on the arms and trunk of an adult man. The case was brought to illustrate the fact that such nævoid spots were not infrequently acquired by adults. Dr. Pringle referred to Laycock's Lectures where such spots were mentioned as a sign of vascular disturbance.

Dr. STOWERS. *Zoster of the right upper extremity* in a child. The eruption began over the shoulder-joint and extended over the external half of the arm to the cleft of the thumb.

Dr. PRINGLE. (1) *Case of Kaposi's disease (Xeroderma pigmentosum et atrophicum)* in a girl, aged 8 years.

See *Comptes Rendus des Congrès International de Derm.*, held in Paris, 1889, p. 172.

(2) *Pemphigus* in a little girl, previously shown by Dr. Goodhart. Liq. arsenic. when given in full doses (m̄xiii) controlled the eruption, but it relapsed directly this drug was discontinued. The exhibitor completely subdued the eruption once by simple baths nightly. It itched considerably.

See October 12th, 1887.

(3) *Pityriasis rosea* in a young adult male. The duration was one week. The eruption was distributed thickly all over trunk and limbs. It was fading on the trunk, where rings formed, and was spreading down the forearms to the wrists, where several smooth, rather elevated papules, simulating syphilides, were observable. There was no sign of syphilitic sore throat, adenitis, or chancre.

SIXTY-THIRD MEETING, NOVEMBER 14TH, 1888.

CHAIRMAN, DR. J. SYER BRISTOWE, F.R.S.

The following cases were shown :

*Congenital alopecia and Atrophia unguium in a child* (CAVAFY).

*Acne-lupus with cultivation tubes; Lupus of the face, with tuberculous ulceration of the larynx, tuberculous sore in the axilla, and ? tuberculous disease of the wrist, in a female, aged 50 years; duration two years* (ANDERSON).

*Case of multiple pigmented sarcoma of the feet in a woman, aged 39 years, of about one year's duration* (PRINGLE).

*Lupus vulgaris of the nose following a burn; Pityriasis rubra following psoriasis; disseminated nodules and eruption for diagnosis* (MORRIS).

*Lupus erythematosus* (PAYNE).

*Persistently congested patch on a girl's leg; Pityriasis rubra of the face and limbs of an old woman* (BAKER).

*Scrofuloderma of the calves of a girl* (FOX).

*Comedones of the chest of a man* (MITCHELL BRUCE).

*Rodent ulcers* (two) of the right side of the face of an old woman; one of these subsequently became crateriform (CROCKER).

*Tinea sycosis* (SHIELD).

*Chronic vesicating erythema and pigmentation after arsenical treatment* (BARLOW).

SIXTY-FOURTH MEETING, DECEMBER 12TH, 1888.

CHAIRMAN, DR. JOHN CAVAFY.

The following cases were shown :

*Case of severe dermato-syphilis; case of syphilis affecting the upper lip of an old man and simulating epithelioma* (HARRISON CRIPPS).



*Hydroa pruriginosum* (*Dermatitis herpetiformis* of Duhring) in a woman, aged 43 years, of twenty-five years' standing (PRINGLE).

A case of dermatitis in a woman, aged 21 years, probably due to blistering; a case of *Lupus erythematosus* of the face, with congestion and erythematous patches (? chilblains) on the hands (PERRY).

*Inflamed comedones in a child* (SHEILD).

#### SIXTY-FIFTH MEETING, JANUARY 9TH, 1889.

CHAIRMAN, MR. JONATHAN HUTCHINSON, F.R.S.

Mr. HUTCHINSON. A case of severe ? *Acne varioliformis* in a woman, and a drawing of the same in an earlier stage.

For Mr. HUTCHINSON, Jr. A case of congenital alopecia in a puppy, whose mother had twice lost her hair.

Mr. CLINTON DENT. Ulceration of scar in a young woman, probably the result of application of acid.

Dr. COLCOTT FOX. (1) *Lymphatic disease of the hands* in a boy.

Note.—See the exhibitor's paper, "Lymphangiectasis of the Hands of Children." *Illustrated Medical News*, July 27th, 1889. The affection is now known as *angio-keratoma*.

(2) *Case of growth in the cheek of a young woman*, a hospital nurse, for diagnosis. Case previously shown June 13th, 1888.

(3) *Case of congenital Keratosis palmaris et plantaris* in mother and child.

Dr. PRINGLE. (1) *Case of disease of the face for diagnosis* in a woman, aged 25 years (*Adenoma sebaceum*).

Note.—See June 12th, 1889, and October 9th, 1889, and the exhibitor's paper, *Brit. Journ. Derm.*, 1890, p. 1.

(2) *Case of hybrid syphilitic and iodide rash* on the face of a man, aged 21 years.

Dr. STOWERS. *Case of inflamed comedones* on the neck and chest of a young child from some irritating liniment.

And a case of *xanthoma* (MONEY); drawing of *Lymphangioma tuberosum multiplex* (HUTCHINSON); and microscopical specimens of *Xeroderma pigmentosum*.

#### SIXTY-SIXTH MEETING, FEBRUARY 13TH, 1889.

CHAIRMAN, DR. A. B. DUFFIN.

Dr. CROCKER. *Tuberculated leprosy*, case of, in early stage (private

patient); case of *Lichen planus* in a child; drawing of *Peliosis rheumatica*.

Dr. PRINGLE. *Diffuse scleroderma*, almost universal, in a woman, aged 44 years, of nearly three years' duration. It started apparently from the scar of an operation wound—removal of right breast for carcinoma.

Dr. FOX. *Prurigo*? in a boy, aged 12 years (J. S—). No clue could be obtained to a duration exceeding six months. The patient was a pale, spare, but muscular boy. The eruption consisted of pink, rounded papules, the size of hemp seeds, disseminated thickly over the limbs, trunk, jaws, forehead, neck, and soles, most numerous over the loins, buttocks, thighs, and legs, very few on the abdomen, and none on his penis. A special feature of the case was that these small papules closely simulated small urticarial wheals, so much so that the exhibitor was frequently asked why it was not to be regarded as a case of chronic urticaria. The papules were very itchy, as evidenced by the tearing of them. Many had festered and become ecthymatous pustules on the buttocks, legs, and forearms, and the lesions left pigmented stains behind them. No one else in the family was affected, and repeated search disclosed no cuniculi, and no "nits" in the vestments. The inguinal, femoral, and axillary glands were enlarged. The axillæ, groins, bends of the elbows, and popliteal spaces were free from eruption.

*Note.*—On May 15th Professor Haslund, of Copenhagen, at once diagnosed the case as *Prurigo* of Hebra, and the chronicity of the eruption, with similar features to those detailed above, tended to show that this diagnosis was correct. The urticarial element, however, was always strongly marked.

Dr. PAYNE. (1) *Rhinoscleroma* in a Hindoo woman, drawing of, with sections displaying bacilli.

(2) Case of *erythema of hands*? *chilblain*.

#### SIXTY-SEVENTH MEETING, MARCH 13TH, 1889.

CHAIRMAN, DR. H. RADCLIFFE-CROCKER.

The following cases were shown:

*Unilateral Lichen planus*, two cases of; see April 10th, 1889; *unusual erythematous phase of Lichen planus* (PRINGLE).

*Congenital xanthoma of abdominal wall*; *multiple Lupus erythematosus*

of the scalp; *Lupus erythematosus* with chilblain-like condition of the finger ends; disseminated *Lichen scrofulosus* in a child (CROCKER).

*Bullous eruption* in a scavenger; *Lupus verrucosus* of the back of the hand and wrist in an old man; disseminated *Lupus erythematosus* (PERRY).

SIXTY-EIGHTH MEETING, APRIL 10TH, 1889.

CHAIRMAN, MR. MALCOLM MORRIS.

*Lupus, or scrofuloderma of the buttock* (CAVAFY).

*Acute diffuse scleroderma*, associated with phthisis (ANDERSON).

*Note.*—The scleroderma subsequently disappeared under inunctions with cod-liver oil.

*Lupus vulgaris* in the vaccination scars of an infant whose brother also had Lupus of the cheek (CROCKER).

*Herpes gestationis (Dermatitis herpetiformis)*; case of *syphilis* (MACKENZIE).

*Lupus vulgaris* simulating *Lupus erythematosus*; *leucoderma* with *Alopecia areata* (MORRIS).

*Case for diagnosis, ? thrombosed veins* (PAYNE).

*General ichthyosis* involving very markedly the palms and soles; case of *giant urticaria* in an alcoholic man, aged 39 years; at the onset the tongue and larynx were attacked before the skin, and there was considerable danger of asphyxia; *unilateral Lichen planus* (shown at last meeting) to display curative effects of arsenic; *acute Lichen ruber planus et acuminatus* in a female child, aged 4 years (PRINGLE).

*Comedones of the forehead*; *ichthyosis complicated by prurigo* (PERRY).

*Bullous iodide rash*, microscopical sections of (CROCKER).

SIXTY-NINTH MEETING, MAY 8TH, 1889.

CHAIRMAN, DR. P. H. PYE-SMITH, F.R.S.

Dr. PRINGLE. (1) *Multiple pigmented sarcoma of skin (Kaposi's type)* in a Polish Jew, previously shown by Dr. Stephen Mackenzie.

(2) *Early, multiple, pigmented sarcoma of skin* of the feet and legs of a woman, aged 39 years, and of about one year's duration, showing the successful results of treatment by arsenic in full doses internally, and skin grafting over ulcerating lesions.

(3) *Frambæsia* ? of the groins and perineum in a negro.

Previously shown by Dr. Crocker on October 10th, 1888, to exhibit the successful result of treatment. See also October 9th, 1889.

(4) *Case of Lichen syphiliticus* (miliary corymbose syphilide).

See June 12th, 1889.

Dr. CROCKER. (1) *Widespread xanthoma* in a woman, to show result of operative interference on the eyelids.

(2) *Erythema exudativum*.

(3) *Lichen scrofulosorum*.

Dr. FOX. (1) *Pemphigus* in a woman, E. B—, aged 25 years, dating from the first month of life.

See also October 8th, 1890.

*Note*.—This was a case of the so-called congenital pemphigus or epidermolysis. When she was a child she was taken to many of the hospitals in London. Wherever the skin sustained the slightest injury a bulla arose, often with hæmorrhagic contents. A model of the hand, executed under my directions, was placed in the Museum of the Royal College of Surgeons. The case was exhibited to the Medical Society of London by Dr. C. E. Beevor, and to the International Dermatological Congress in London, 1896. See also Dr. Wallace Beatty's paper, *Brit. Journ. Derm.*, vol. ix, 1897.

(2) *Tuberoso eruption due to bromide of potassium* in a child (E. H—).

See *Brit. Journ. Derm.*, vol. iv, 1892, p. 289.

(3) *Sclerema neonatorum*. Dr. Fox called attention to the difficulty of diagnosis when the case came under observation in the declining stages, and when only isolated areas and lumps of sclerema were present. The first case of this description he saw he at first diagnosed as due to gummata.

(4) *Hydroa of Tilbury Fox (Dermatitis herpetiformis of Duhring)*. The patient was a healthy-looking girl (M. A. Q—) aged 20 years. She first noticed the eruption twelve months before; it began on the arms and rapidly spread to the trunk and legs. On the limbs it avoided the great flexures, and was most profuse on the extensor aspects. On the trunk the eruption was limited to the upper part of the chest in front, and to the upper half behind, but there was a few lesions round the waist, on the buttocks, and on the face. The mouth was free. At the time of exhibition the eruption was quiescent or declining, and consisted of papules the size of hemp seeds, for the most part isolated, but grouped in large patches on the trunk. The eruption was intensely itchy, and was much scratched. The legs

were covered with ecthymatous pustules. She had been treated for scabies, but no cuniculi had ever been found, and no one else in her home had the disease. The trunk was much pigmented; the arms and legs less so, but more scarred. The case had been under observation for some time, and the evolution of vesicular attacks had been noticed. There were no herpetiform clusters, however, and no spreading rings.

(5) *Lichen scrofulosorum*.

Mr. ANDERSON. *Crateriform ulcer of the cheek in a man*. It subsequently recurred after excision.

See *Brit. Journ. Derm.*, 1889, p. 379. Refer to Hutchinson's illustrations, *Path. Soc. Trans.*, vol. xl, 1889.

SEVENTIETH MEETING, JUNE 12TH, 1889.

CHAIRMAN, Mr. WILLIAM ANDERSON.

Dr. DUFFIN. (1) *Dermatitis exfoliativa* in a young man, succeeding psoriasis.

(2) *Pemphigus in a man* (W. T—), aged 36 years, a window-cleaner and painter. The patient had been feeling weak and low and not living well for about two months before admission to hospital. He said that he had had an attack, similar to that for which he was admitted, about five weeks before admission. On May 24th the blebs began to appear about the chest, abdomen, and arms, and also one or two about his face. Since admission he had improved considerably, a few fresh blebs having appeared from time to time. There was no specific history, and the family history was unimportant.

Dr. PAYNE. *Chronic pruriginous eruption*, confined to the upper part of the back and chest, in a young woman, attributed to a varicella.

Dr. CROCKEE. *Arsenical pigmentation* in an old woman suffering from ? chronic urticaria.

And cases of *Prurigo mitis vel Dermatitis herpetiformis* (STOWERS); *Lupus erythematosus*, *Xanthoma* in a woman with ? gall-stones (PYE-SMITH); *Pemphigus of hands and mouth* in a woman with various nervous phenomena (DUCKWORTH); *Leucodermia syphiliticum*, *Dermatitis herpetiformis* (PRINGLE).

## SEVENTY-FIRST MEETING, JULY 10TH, 1889.

CHAIRMAN, DR. ALDERSMITH.

Dr. PRINGLE. (1) *Elephantiasis* of legs with lymphatic varices in a man, aged 41 years, suffering from syphilis of seven years' duration.

(2) *Dermatitis herpetiformis*.

Dr. PRINGLE for Dr. FINLAY. *Scleroderma* in a man, almost universal.

See *Brit. Journ. Derm.*, 1889, p. 339.

Dr. STEPHEN MACKENZIE. (1) *Œdema neonatorum* in a child, about 9 weeks old, attended with slight rise of temperature (recovered).

(2) *Sclerema neonatorum*. Began when three weeks old. The affection was most marked over the back and loins, extending round to the shoulder on each side and almost symmetrically down thighs (recovered).

(3) *Xeroderma pigmentosum* in an imbecile lad, aged 20 years. Began when between three and four years of age.

Published, with illustration, *Brit. Med. Journ.*, January 4th, 1890, p. 6.

Dr. CROCKER. (1) *Ichthyosis* in which the palms and soles remain unaffected and sweat freely.

(2) *Zoster of one arm and hand*.

(3) *Lupus verrucosus*.

Mr. HUTCHINSON. *Acute widespread xanthoma* in a man.

See *Archives of Surgery*, with portrait.

Mr. HUTCHINSON, for Dr. LARDER. *Anæsthetic leprosy*.

Dr. PERRY. *Case for diagnosis*. Growths on the face of a woman.

See *International Atlas of Rare Skin Diseases*, "Adenoma sudoriparum."

Dr. FOX. *Dermatitis artefacta* (two ulcers on the back of a girl's hand).

Note.—See illustration in *Illustrated Medical News*, vol. v, 1889, p. 98.

Dr. WALTER SMITH. *Large cheloid growths of the back and buttocks*, drawing of.

Note.—See *Brit. Journ. Derm.*, vol. i, 1889, p. 157.

Dr. BARLOW. (1) Multiple patches of *lupus* involving soft palate.

(2) *Syphilis acquisita* in an infant.

Sir DYCE DUCKWORTH. (1) *Pemphigus and arsenicism* (case already shown).

(2) *Erythema multiforme*.

Dr. DUFFIN. *Vesicating Erythema multiforme*. The patient (E. K—), aged 66 years, widow, was engaged in household work. She was of temperate habits. There was no specific history, but two miscarriages had occurred. She had four sons and four daughters living. She had acute rheumatism twice, twelve months and thirteen years before, and had œdema of the legs from time to time on standing. She had been feeling low for some time past. About May 8th she first noticed bullæ about her neck, and then on her nose and face. On May 16th they appeared about her elbows, nearly simultaneously on both sides, the left side being affected first. They came with itching and she scratched them, and then blebs formed. These were few at first, and they had gradually increased in number; about the same time she noticed them on her legs. Last Tuesday or Wednesday she noticed some on her nipples. About the beginning of the week she noticed blebs on the lips, cheeks, and on the nasal mucous membrane. She had some marks about her abdomen where spots have been. June 20th: Fresh bullæ this morning, those that were small last night having this morning become well developed. Some of the bullæ were typical of pemphigus. She complained of pains in the legs. *Bullæ*: Some began as small vesicles, increasing to the size of a sixpenny piece, containing more or less fluid. Around them at the base there was a faint red blush. Others again began on more or less red patches, the skin being somewhat swollen, as if from exudation, resembling an erythematous patch. Some arose from these patches in a small cluster, became confluent and formed a large bulla, the size of the bullæ varying from the size of a pea to that of a large filbert. Again, some had no redness whatever around their bases; all were preceded by the sensation of itching or tingling. June 22nd: More blebs forming. Temperature normal. June 23rd: Spots very irregularly grouped on the face, about twenty or thirty in number and nearly equally distributed on both sides. A few were present on upper arm. None on the deltoid. They were very numerous on the right forearm, over the distribution of the Int. cutaneous nerve. The distribution was more regular over the left forearm. The vesicles were confluent in places, chiefly along the musculo-cutaneous and musculo-spiral. There was none to be seen below the wrists. The vesicles varied in size from a hemp-seed to a large split-pea, and contained an opalescent or hæmorrhagic fluid.

Some of the vesicles were arranged in corymbose groups. The skin was perfectly healthy below the groups. Temperature 98° F. morning and 100° F. evening. She complained of pain in the right ankle, which was swollen and tender, and pain in the right wrist. She complained also of much irritation where bullæ were. There were no fresh bullæ, the old ones drying up. June 24th: Temperature 100° F. evening, (morning 97° F. This was the greatest range of temperature, which was usually near the normal line. June 26th: The left eye was inflamed from one of the blebs on the upper eyelid, and one fresh spot had appeared on the neck. The blebs had all become hæmorrhagic, and there were two fresh blebs on left eyelid. June 28th: Eye better, one fresh bleb on the left arm. June 30th: Bulla on left forearm  $\frac{3}{4}$  in. long by  $\frac{1}{2}$  in. broad.

Mr. ANDERSON. *Lupus erythematosus*.

#### SEVENTY-SECOND MEETING, OCTOBER 9TH, 1889.

CHAIRMAN, MR. MALCOLM MORRIS.

Mr. HUTCHINSON. *Leprosy in early stage*.

Dr. FOX for Dr. MACKAY, of Brighton. *Urticaria pigmentosa* in a child.

Mr. ANDERSON. *Favus* of eight years' standing in an English boy, with no history of exposure to infection.

Dr. FOX. *Lichen pilaris* of the shin in a man. A chronic indolent miliary eruption of the hair-follicles, becoming confluent into honey-comb-like hyperkeratotic patches, simulating the condition seen in *Lichen planus*, but, as the exhibitor believed, of a distinct character. This was an uncommon but well-marked phase of the disease, which was believed to be undescribed. (The acuminate and verrucose phases of lichen of Wilson.)

See Dr. Payne's case, shown November 13th, 1889.

Dr. PRINGLE. (1) *Adenoma sebaceum* in a woman, aged 26 years, shown on January 9th, 1889, and June 12th, 1889.

See *Brit. Journ. Derm.*, January, 1890, p. 1.

(2) *Case for diagnosis* (? *Hydroa vacciniiforme*), a relapsing eruption occurring every August in a boy, aged 15 years. Erythematous and vesicating on the face and resulting in hæmorrhage on the arms, chest, and legs.



(3) *Angio-keratoma*, multiple *telangiectases* and warty growths on the feet and hands of a young woman, formerly liable to chilblains.

See also March 12th, 1890, and October 8th, 1890.

Note.—See exhibitor's paper on "*Angio-keratoma*," *Brit. Journ. Derm.*, 1891, p. 237.

Mr. HUTCHINSON. (1) *Severe summer eruption*, three drawings of.

(2) *Severe Urticaria pigmentosa*, two drawings of.

See British Medical Association Meeting at Leeds.

Dr. PAYNE. Case of *sclerema* in a young child.

Dr. PERRY. *Adenomata of sweat glands* of a woman's face, drawings and microscopical sections of.

See July 10th, 1889.

Note.—See *International Atlas of Rare Skin Diseases*.

Dr. PRINGLE. *Frambæsia*, microscopical specimens from case of, previously shown on October 10th, 1888, and May 8th, 1889.

#### SEVENTY-THIRD MEETING, NOVEMBER 13TH, 1889.

CHAIRMAN, DR. ROBERT LIVEING.

Mr. BAKER. *Typical case of Lichen urticatus* (Bateman) brought to raise discussion.

Mr. CRIPPS. (1) *Disseminated chronic follicular eruption of chest*. (A phase of Wilson's *Lichen annulatus*.)

(2) *Nodular lupus-like syphilide* of the whole of the face in a woman with an ulcerated throat. Duration nine months.

(3) *Lupus erythematosus* around the mouth of a woman, and involving the mucous membrane of the mouth.

(4) *Ulcerated gumma*, closely simulating an epithelioma, of the bridge of the nose of a girl, aged 19 years, the subject of inherited syphilis (keratitis, Hutchinson's teeth) appearing two years after marriage. Duration six months.

(5) *Hard chancre of the tongue and general syphilide*.

(6) A man with two *Ringed tuberculated syphilides*, nearly as large as the palms of the hand.

Dr. COLCOTT FOX. (1) ? *Dermatitis herpetiformis*, or *chronic Erythema multiforme*. Case of J. B—, previously shown.

See April 13th, 1887, and December 14th, 1887.

(2) *Dermatitis herpetiformis* ? J. B—, aged 22 years, single, doing

needlework, which necessitated sitting a great deal in very hot rooms. She had plenty of good food, but said that she had always been delicate, and had a very bad circulation. She had never had rheumatic fever, but had suffered from bronchitis. Family history : the father was alive and aged 60 years ; had no skin eruption and suffered from no special ailment. The mother died of asthma, aged 57 years. There were three brothers and one sister. The sister had had abscesses in the neck ; the others were healthy. The eruption was distributed on the face, the front of the neck and scalp being free. It was present also on the back of the neck as several patches, each about the size of a sixpence, occupying space about the size of the palm of the hand. On the back the left side was chiefly affected in large patches from the acromion process to the buttocks, some patches being as large as the palm of the hand. The right side was affected but much less so than the opposite side. In front of either shoulder was a patch about the size of the palm of the hand. The upper arms were quite free. On the forearms was a patch on the outer side of the right elbow, and on the dorsum of the right hand a patch the size of sixpence. There was also a patch on the dorsum of the left hand. On the front of the body there was a patch the size of a crown below the left costal arch, and another in the hypogastric region, the rest of the abdomen being free. On the left lower extremities were four patches on the outer side of the left leg, each the size of half-a-crown, one patch above and another below the knee. There was also a patch the size of a crown at the inner side of the upper third of the thigh. On the right lower extremity there was a large patch upon the outer side, occupying the upper half of the thigh ; two patches in front of the right thigh the size of a crown piece, and four patches on the outer side of the right leg the size of a crown. Both the buttocks were completely covered. The duration was six months. There was no pain associated with the eruption, but considerable itching, which had interfered with her sleep for months. The eruption came out first upon the front of the forearm, then upon the back of the neck, and then gradually spread.

See December 11th, 1888.

Mr. MORRIS. *Lepra anæsthetica* in a girl, born in Jamaica. Symmetrical peripheral neuritis of the extremities with bullous eruption, anæsthesia, and *main-en-griffe*.

Dr. PAYNE. *Lichen pilaris* of the skin of a man, almost identical with the case shown by Dr. Fox October 9th, 1889; duration six months.

Dr. PRINGLE. *Eczematous rash for diagnosis* (? earliest stage of *Mycosis fungoides*) in a man, aged 56 years, of five years' duration. The further progress of the case negatived the diagnosis of *Mycosis fungoides*.

Dr. PERRY. *Case of scarring with telangiectases of the leg* of a girl, aged 14 years. The scarring resulted from phlegmons. (Bazin's *Erythema induratum*.)

Dr. STOWERS. *Case of Leloir's perifolliculitis* of the back of the wrist.

Dr. CROCKER. (1) *Case of favus* of the scalp.

(2) *Arsenical dermatitis* and pigmentation.

Mr. MORRIS. *Case showing linear atrophy* of the abdomen.

#### SEVENTY-FOURTH MEETING, DECEMBER 11TH, 1889.

CHAIRMAN, MR. HARRISON CRIPPS.

Dr. CROCKER. (1) *Lupus vulgaris* beginning in adult life.

(2) *Lupus erythematosus* in a girl, almost cured by an erysipelas. Relapsed subsequently, but not to the full extent of the scarring of the old lesion.

Mr. MORRIS. *Case of universal alopecia*, showing remarkable improvement under treatment with pilocarpine subcutaneously administered.

Dr. PAYNE. *Progressive congenital angioma of one arm*.

Mr. CRIPPS. (1) *Multiple sarcomata* of the back of a man. One large plaque had sloughed out, possibly on account of a blow.

(2) *Crateriform carcinomatous ulcer* of the forehead, of five weeks' duration.

Dr. Fox. (1) *Unilateral distribution of plane warts* in a boy, aged 12 years. The distribution was sharply limited to the left side of the body and left limbs. The face was free. The warts were isolated, but closely set. They were very numerous on the palm.

(2) *Dermatitis herpetiformis* in a woman, shown at the last meeting. Brought to show how much the involution stage of inflammatory papules may simulate *Lichen planus*.

*Note.*—Nine months later the disease was still active, and the woman was in a very poor state of health. She developed a cataract.

(3) *Favus* in a child.

Dr. PRINGLE. *Lupus erythematosus of the face and scalp*, in which the buccal mucous membrane was involved, the lesions being symmetrical and ulcerating.

Dr. PERRY. *Favus* in a child.

(*To be continued.*)

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## ROYAL SOCIETY OF MEDICINE.

### DERMATOLOGICAL SECTION.

THE first meeting of the Dermatological Section of the Royal Society of Medicine was held at 20, Hanover Square, on Monday, July 1st, 1907, at 5 p.m., to elect the officers of the section and to select the day and hour of the ordinary meetings.

Dr. Radcliffe-Crocker was unanimously elected President, after which Mr. Malcolm Morris, the Provisional Chairman, vacated the Chair in his favour.

The following officers were then elected :

*Vice-Presidents* : T. Colcott Fox, Malcolm Morris, Leslie Roberts, and J. H. Stowers.

*Council* : H. G. Adamson, Alfred Eddowes, Willmott Evans, James Galloway, Arthur J. Hall, T. J. P. Hartigan, Spencer Hurlbutt, J. M. H. MacLeod, G. N. Meachen, J. J. Pringle, Arthur Shillitoe, Edward Stainer.

*Secretaries* : Arthur Whitfield, E. G. Graham Little.

*Representative of the Section on the Library Committee* : T. Colcott Fox.

*Representative of the Section on the Editorial Committee* : J. M. H. MacLeod.

It was decided that the meetings of the Section should take place on a Thursday of each month, except August and September, at 5 p.m., the precise Thursday in the month to be arranged later.

## CURRENT LITERATURE.

**LEPROSY AS SEEN IN THE PHILIPPINES.** Major C. B. EWING.  
(*Med. Record*, December 15th, 1906, p. 933.)

LEPROSY is said to have been first introduced into the Philippines in 1633, when, it is related, the Emperor of Japan sent a ship containing 150 lepers to these islands to be looked after by the catholic priests there. From this the disease rapidly spread, as no effort was made to eradicate it, and at the present time the Franciscan fathers estimate that there are about 30,000 lepers in the archipelago, the majority being at Visayas. Ewing, however, estimates the number at far less, possibly between 3000 and 4000. The lepers which were examined by him were Chinese and Filipinos and inhabitants of Northern Luzon, Manila, and Iolo, and numbered 36. Leprosy did not seem to affect the original inhabitants of Luzon to any great extent.

In 26 of his cases Ewing made extensive notes and figure-charts. Of these, 14 were males and 12 females. Of the 14 males, 4 had anæsthetic, 8 tubercular, and 2 mixed leprosy; of the females, 3 had anæsthetic, 5 tubercular, and 4 mixed leprosy. In cold climates the proportion of tubercular cases is always higher than of anæsthetic cases, while, as a rule, in warm climates the anæsthetic cases predominate. Recently there has been a good deal of attention paid to the condition of the nasal mucosa in leprosy, as it has been suggested by various writers that the initial lesion might be a specific ulceration of the cartilaginous septum of the nose, which persists and is an active source of infection during life. In this connection Ewing found the bacillus in the discharge from the nose in several cases of the tubercular type which he examined. Repeated examination of the leprosy blood, however, gave only negative results. The writer agrees with the majority of observers that leprosy is contagious, but that the method by which it is transmitted and the conditions which influence infection are not yet understood. The part played by heredity seems to be a minor one, and in 21 of Ewing's cases only one gave a history of leprosy in his parents. The incubation period in his case, according to statements made by friends and relatives, varied from four months to five years. One of the most marked prodromal symptoms in the cases was an unaccountable feeling of weakness, accompanied by drowsiness and a tendency to fall asleep at unusual times. Other symptoms were dryness of the nostrils, headache, perversions of sensation, intermittent neuralgic pains in the limbs and face, rheumatic pains in the back and loins, fever, and sweating. The prodromal symptoms of peripheral neuritis were, as a rule, more pronounced in the anæsthetic than in the tubercular variety of leprosy. The symptoms and course of the disease were similar to those of leprosy elsewhere. In the anæsthetic cases a noteworthy feature was the prevalence of bullous lesions ("Pemphigus leprosus") which gave rise to ulcers, cicatrices, and white spots, chiefly distributed on the hands, feet, knees, and back of the thighs. These bullæ formed suddenly, ruptured, exposing reddish surfaces which crusted over, turned pale, became anæsthetic, and finally healed up, leaving pigmented borders. If the bullæ formed close together they usually ulcerated, producing large, superficial, serpiginous-looking sores which, after a variable period, healed and became anæsthetic. Referring to the fact that the facies in

nerve-leprosy is almost as characteristic as that of leontiasis in the nodular type the writer thus graphically describes the face of one of the Chinese lepers: "His face was paralysed, there were drooping everted lids, cornified conjunctivæ, paralysed lips, retracted gums, and a dribbling mouth, together producing a picture once seen never to be forgotten."

The nerve cases up to the time of when Ewing saw them had existed from one to fifteen years, death usually having occurred through marasmus, amyloid degeneration of the kidneys, or exhaustion resulting from enteric complications. The tubercular cases in the Filipino lepers presented a frightful picture of disfigurement. The lepromata had coalesced and caused a bulging out of the frontal and supra-orbital skin, upon which was superimposed nodular masses thrown into immense folds overhanging the eyes, the skin of the malar regions forming cushion-like tumified masses. The alæ of the nose were broadened out, and associated with this there was a flattening and sinking in of that organ; the lips were thickened and protruding, the chin swollen and heavy; the external ear enlarged so that the lobes hung down in flabby, pendulous masses almost to the shoulders. The duration of the nodular cases ranged from one to eighteen years. Death ensued from pulmonary, renal, intestinal complications, marasmus and leprous exhaustion. With regard to the success of the treatment of the Philippine cases the writer's report is not encouraging, all the alleged cures having failed when sufficient time had elapsed to test their permanence. Until the biology of the bacillus of Hansen is more fully understood it seems unlikely that much advance will be made in the cure of the disease; until then segregation of lepers and the isolation of the children of leprous parents seem to the writer to be the preventive measures which will give the best results.

J. M. H. M.

**ON A NOT-PREVIOUSLY DESCRIBED DISEASE OF THE HAIR (TRICHONODOSIS).** GALEWSKY. (*Archiv f. Derm. u. Syph.*, September, 1906, p. 195.)

UNDER the name of "Trichonodosis" the writer has described two peculiar cases of apparent knotting of the hairs, the hair tending to break off at the knot leaving a trichorrhæxis-like stump.

Case 1 was that of a man who consulted the writer in the beginning of 1905 on account of his hair falling out. He complained that his hair kept breaking off when it reached a certain length, and said that his father had suffered from a similar affection. On examining the head evidences of a premature alopecia were detected, the hair being thin, atrophic, colourless, and easily pulled out. On the hair of the scalp, beard, pubes, and here and there on the lanugo hairs, one or several small nodules were detected. On microscopical examination it was found that these were twists or bends in the hair like knots, but were not true knots, and according to the drawing could be untwisted by pulling the hair. These were situated chiefly in the peripheral third of the hair.

In Case 2 the condition was present in an anæmic young woman and affected the hair of her scalp. It seemed to the writer that this singular condition depended on some trophic disturbance which produced an irregular growth of the hair, but he could suggest no definite cause for it. The treatment of the disease was unsatisfactory.

J. M. H. M.

**CRYPTOGENETIC STREPTOCOCCUS INFECTION, WITH PERSISTENT CUTANEOUS ERUPTION, ENLARGEMENT OF THE LYMPHATIC GLANDS, AND FEVER, SUGGESTING SYPHILIS.**

By A. STENGEL, J. W. WHITE, and J. S. EVANS. (*Univ. of Penn. Med. Bull.*, November, 1906, p. 217.)

THE case which forms the basis of this paper was an unusual one, both with regard to its clinical features and its bacteriology. The patient was a physician who had consulted a number of dermatologists on account of an eruption which strongly resembled syphilis, but which was regarded by the writers as being non-syphilitic. The illness began in May, 1905, with sore throat and digestive disturbances, and with these was associated an eruption like seborrheic dermatitis on the thighs, buttock, and back, and enlarged tonsils. From July to September the rash faded markedly, and in some places disappeared. Towards the end of September he complained of feeling much worse, and during October he lost weight, the axillary glands became enlarged and tender, and several rigors occurred, followed by free sweating. About this time a maculo-papular erythematous eruption broke out on the arms, thorax, and abdomen. Syphilis was suspected, and several mercurial injections were given, but with no definite results. An examination for spirochaetes was also negative. A bacteriological examination of the blood, and subsequently of the tonsils, revealed the presence of a peculiar streptococcus, which the authors regard as different from the *S. pyogenes*, in having a culture with a sharply-defined edge and a concave centre, in not coagulating milk, and in producing an alkaline reaction. A report of the case by Dr. Henry W. Stelwagon is appended, in which he discusses the differential diagnosis of the case from syphilis. The writers regarded it as a toxic eruption due to a streptococcic infection, and considered that the tonsils were probably the seat of the infection.

J. M. H. M.

**BLASTOMYCOSIS OF THE SKIN IN MAN. A. PRIMROSE. (*Edin. Med. Journ.*, September, 1906, p. 215.)**

THE case here recorded by Primrose is a typical example of blastomycosis of the skin, and occurred in the author's clinic at the St. Michael's Hospital, Toronto. The patient was a male, aged 28 years, who was referred to Dr. Primrose on July 26th, 1901, suffering from multiple tumours of the face, shoulders, and neck. The disease had appeared six months previously on the tip of the right shoulder, and within two months patches had developed on the side of the neck, molar region, side of the nose, upper lip, and palm of the hand. The patient was a native of Yorkshire, but went to Canada at the age of ten years. Since then he had lived in Toronto, with the exception of three years spent in Chicago, from 1897 to 1900. He had enjoyed fairly good health, and there was no history of syphilis or gonorrhoea. As to tuberculosis, there was no suggestion of it in the patient, and the only history that could be elicited was the fact that one paternal uncle had died of consumption. The lesion on the upper lip is minutely described, as it is typical of the other lesions, of which there were in all fourteen. On superficial examination it resembled an epithelioma. It was situated near the central portion of the lip, it was 3 cm. broad and 2 cm. from above downwards, and it projected 3 mm. from the surface of the lip. The growth was definitely circumscribed. The surface of it was warty, and presented a dirty

white colour, with spots of darker hue, apparently due to ecchymoses, and was covered with crusts. The patient stated that all the lesions appeared to be increasing until about two months before he came under observation, but since then there had been no perceptible change in them. He was admitted to the St. Michael's Hospital, and a microscopical examination of the scrapings from the lesions revealed the characteristic blastomycetes. Under chloroform the masses at the root of the neck and on the right shoulder were excised, and the other lesions curetted, and the surfaces touched with a Pacquelin's cauterium. After the operation large doses of iodide of potassium were prescribed, beginning with 20 grs. thrice daily and increased to a drachm three times a day. At the end of a month the lesions had practically disappeared.

The patient was lost sight of until nearly four years had elapsed, when he again presented himself, in June, 1905, with a characteristic patch on the left side of his neck, but only in this site had any recurrence taken place. This lesion was completely excised.

The case corresponded microscopically to the type of case originally described by Gilchrist, the organisms being practically restricted to the small abscesses and not being found in the organised tissues, as in the cases described by Montgomery, of San Francisco, under the heading of "Coccidioides." The organisms also showed no evidence of spore-formation, but appeared to reproduce themselves by budding.

J. M. H. M.

#### SOME NOTES ON THE EMPLOYMENT OF RADIUM IN THERAPEUTICS. WICKHAM. (*Ann. de Derm. et de Syph.*, October, 1906, p. 817.)

THE uses of radium appear to be likely to be multiplied, and this is an interesting summary of our present knowledge. By means of an improved method of applying the salts of radium, mixed with a varnish which dries and is unaltered by high temperature and acids, to the surface of the instrument to be used, a much more active effect is procurable; it is said an increase of six times the degree of radiation is obtained that the same amount of salt would give with the older methods. A further advance has been made in the invention of an apparatus which measures radio-activity in terms of electric conductivity—Danne's "electroscope." By this means it is hoped that it will become possible to ascertain the amount of radiation which penetrates the tissues, and to identify the species of rays,  $\alpha$ ,  $\beta$ ,  $\gamma$ , given off.

The bactericidal effect of radium was investigated by Wickham, with the result that he considers that the rays, comprising 5 per cent.  $\alpha$ , 80 per cent.  $\beta$ , and 15 per cent.  $\gamma$  emanations, derived from a varnished apparatus, as described, have no bactericidal action; but radio-active fluids (solution of bromide of radium, e.g.) have bactericidal action owing to their greater content of  $\alpha$ -rays. Nevertheless the action of radium seemed to improve suppurating sores, and a distinct analgesic influence has been demonstrated, both in local application, as, for instance, on the surface of a painful ulcer, and in remoter pains too deep-seated for contact. And a hope is held out that solutions of radio-active properties may become useful as injections, lotions, unguents, and so on, and that possibly the study of analogous substances, such as polonium, thorium, actinium, may lead to the practical application of these in the same way.

E. G. L.



## CORRESPONDENCE.

June 29th, 1907.

*To the Editor of the BRITISH JOURNAL OF DERMATOLOGY.*

DEAR Sir,—At the Oxford meeting of the British Medical Association I read a short paper on “*Pemphigus vegetans* and the *Bacillus pyocyaneus*,” and I suggested a causal connection between the two.\* In the *Journ. of Cut. Diseases* (January and February, 1907), Dr. Winfield, of Brooklyn, reports a case of *Pemphigus vegetans* in which the *B. pyocyaneus* was isolated.

In the *Brit. Journ. of Derm.* report of my paper (vol. xvi, 1904, p. 381), it is stated my suggestion was not generally accepted by the members present. Dr. Winfield's case affords further ground in support of my suggestion, which future investigation will perhaps clear up.

There is no reason to look upon *Pemphigus vegetans*, ætiologically considered, as an entity. In my opinion that morbid condition may be due to various ætiological factors, and I do not for a moment wish to make out that the *B. pyocyaneus* is at the bottom of all cases.

There was no doubt as to the case I reported. I insist on this, as your report refers to it as “a disease clinically resembling *Pemphigus vegetans*.” Your report also states that I suggested the infection might have occurred from the *effluvium* of sewage. I did suggest, and do still, that sewage perhaps played a part, but I never said a word about “*effluvium*.” I pointed out that the *B. pyocyaneus* had been found in sewage.† It might well be the bacillus found its way into the man by a wound or scratch, as in the *Pemphigus acutus* of butchers I have described, or by the mouth (food, soiled fingers, etc).

Believe me,

Yours very faithfully,

GEORGE PERNET.

\*I did not refer to *Bacterium coli commune* in my paper. It is in error that Dr. Winfield mentions it in connection with the case I reported.

†See *Brit. Med. Journ.*, October 15th, 1904, with references.

# THE BRITISH JOURNAL OF DERMATOLOGY.

SEPTEMBER, 1907.

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## "LUPUS VULGARIS" ARISING SECONDARY TO TUBERCULOUS LYMPHATIC GLANDS.

*(From the Skin and Light Department, London Hospital.)*

By H. EMLYN JONES, M.R.C.S., L.R.C.P.,

*Clinical Assistant with Charge of Beds to the Skin and Light Department,  
London Hospital.*

IN analysing the cases of Lupus vulgaris treated at the Light Department of the London Hospital, more particularly regarding their etiology, some striking factors display themselves, but perhaps none more so than in connection with the origin of the disease. In most of the cases the malady commences either as a small spot on the face or cheek, or on or about the nostril, and in no instance was there one originating on the back or scalp, positions which, either from the thickness of skin in that region or the difficulty in reaching the part, would render inoculation impossible, or at any rate extremely unlikely. From this it follows that the most common mode of infection is by local inoculation, though in a few instances from the cases in Group VI below it must be believed that occasionally, though rarely, the disease may commence in a general outbreak, with many lesions, after some severe illness, especially one of the exanthemata. The illnesses after which lupus has most commonly arisen in this way appear from these cases to be measles, scarlet fever, and erysipelas.

Nine hundred and twenty-three cases were collected, which readily divide themselves into the following six groups:

*Group I.*—47·3 per cent., arising as a small spot on face, cheek, or neck, including a few arising around the margin of the eyelids and on the auricle, but not those springing from tuberculous glands, or in

scars of either gland-abscesses, or in scars left from the removal of old glands.

*Group II.*—28·9 per cent., arising on the nose or in the nostril.

*Group III.*—11·4 per cent., arising secondary to tuberculous glands, either in the scar or in gland-abscesses.

*Group IV.*—1·8 per cent., arising from mucous membranes, other than the nasal, chiefly the margins of the lips.

*Group V.*—1·8 per cent., arising secondary to tuberculous disease of bone.

*Group VI.*—8·5 per cent., arising in miscellaneous ways, and on various parts of the body, some on the foot, leg, groin, shoulder, etc., and, as far as can be ascertained, not secondary to tuberculous disease of bone; also some, presumably a general infection in these cases, arising after the exanthemata or lowering illnesses, with multiple lesions on various parts of the body.

In this paper I purpose to deal more particularly with the cases of Lupus vulgaris arising secondary to tuberculous disease of glands, and by this is not meant those with tuberculous glands as an accompaniment, for that would probably include nearly half the total number of cases. From the foregoing table it will be seen that this variety of mode of infection of the skin by the bacillus is the third most common way, forming 11·4 per cent of the total. As the appended cases show, the most frequent history for a patient to give is "that when a child, he had a lump in the neck or submaxillary region, or over the site of some common glands, and later this lump was either excised or burst, the lupus commencing in the scar or on the skin around the lump, which never really healed, but kept on discharging for months, the infection doubtless being kept up by the discharge. Whilst analysing these cases I was struck to find several giving definite histories of the lesion first beginning as a swelling on the cheek, about  $1\frac{1}{2}$  in. outside and  $\frac{3}{4}$  in. above the angle of the mouth, which burst, and they described the disease as commencing from that. Naturally it strikes one that this was primarily a tuberculous focus in the subcutaneous tissue of that region, and possibly a tuberculous lymphatic gland. Such a gland is described by Pourrier, lying on the buccinator muscle, called the facial gland, and believed to drain the region about the angle of the mouth, both inside and out. (*Lymphatics*, by Pourrier, trans. by Leaf, Chap. v, 2).

There is no doubt but that some cases classified as arising from a spot on the cheek really should be placed amongst those springing from breaking-down glands, the infection doubtless in these cases primarily taking place from the interior of the mouth.

In the majority of these cases it is extremely difficult to prove this, but in some, *e. g.* Case 13 below, watched by Dr. J. H. Sequeira for some years, the disease certainly began in this way.

These cases are not, however, included in the following 102.

The glands affected were :

(1) Glands of sub-maxillary regions . . . . .	37 cases.
(2) Glands of anterior and post triangles of neck . . . . .	34 „
(3) The pre-auricular gland . . . . .	20 „
(4) The submental gland . . . . .	9 „
(5) Popliteal glands . . . . .	1 case.
(6) Gland just above the elbow . . . . .	1 „

Though several cases of lupus commencing in the groin were found, in no such instance could it be proved to have originated from a breaking-down gland, and all cases of strumous ulceration have been carefully excluded.

Of these 102 cases, 63 were females and 39 males, about the same proportion as lupus originating in other modes.

The age at which the disease commenced was :

63 cases commencing before the age of 10.

17 „ „ between the ages of 10 and 20.

2 „ „ after 20.

In the remainder the age of incidence was not given, but it suffices to show that this mode is extremely rare after twenty, and that the great majority commence before the age of ten, not only by this cause, but by all causes, except perhaps those arising on or around the nostril, which position tends to become the seat of origin more and more frequently from the age of ten and onwards. An interesting feature also was the fact that 39 had a definite history of tuberculosis, and that several others gave a doubtful history.

The cases naturally present various appearances on admission, some being of the ordinary form, dry, with typical lupoid nodules, some of the ulcerative type with a red, erythematous base, weeping ulcerations and nodules scattered about, but generally best seen at the edges, which are usually active, and a few hypertrophic in nature

with masses of lupoid tissue. The treatment varies according to the condition first seen.

(a) *Dry cases*.—These probably form the majority, and react the best to the Finsen treatment, most of them being cured by that alone.

(b) *Ulcerative cases*.—More amenable to X-ray treatment.

(c) *Hypertrophic cases*.—These at first require some fairly strong caustic to remove the hypertrophic mass, and are then treated as ulcerative cases, any nodules that remain being treated by the Finsen light.

The following are selected cases from the 102 collected, and show the usual course of such cases :

CASE 1.—E. E—, female, aged 18 years, admitted to the Light Department, June 12th, 1902, with a linear mass of lupus, covered by a thick, dirty-brown scab, extending from the right angle of the jaw to the mid-line of the neck, and two other smaller patches. It began as a swollen lump under the right ramus of the jaw eight years previously. This lump broke and never healed, lupus appearing in the scar and on the skin around. The patient's father died of phthisis. She was treated by Finsen's method, and by July 20th was well. Slight pigmentation was left. Seen one year afterwards, she was perfectly well with admirable scars and no fresh nodules.

CASE 2.—G. S—, male, aged 11 years, admitted to the Light Department on October 26th, 1904. There was no history of phthisis in the family. It commenced as enlarged glands of the neck after scarlet fever, and one gland under the chin formed an abscess and burst. This discharged for a year, and as it discharged lupus appeared. There was a typical patch of lupus under the chin showing many apple-jelly nodules. The central part was beginning to scar. There were crusts and ulcerations on the edges of the nostrils. He was treated by X-rays and Finsen light and cured.

CASE 3.—M. H—, female, aged 57 years, admitted to the Light Department on February 21st, 1903. There was no history of phthisis and the previous health was good. It commenced as an abscess in the left submaxillary region thirty years previously, which remained one year and then broke. Lupus began to spread from this. On admission she showed four separate patches of lupus on the left side of the face, each about the size of half-a-crown, covered with brown crusts and discharging, and one at the outer canthus causing eversion of the lower lid. All the skin between the patches showed atrophic scarring. She was treated by X-rays and Finsen light and did well.

CASE 4.—S. H—, female, aged 18 years, domestic servant. There was no history of phthisis and the previous health was good. At nine years of age a lump appeared behind the right knee. Later it ulcerated and never healed, finally spreading round, and extended up the inner side of the thigh. On admission there was an extensive and irregular area of scar-tissue upon the inner aspect of the knee and adjacent parts of the leg and thigh. Reaching just below the apex

of the patella and upon the margin of the scar were several fresh, lupoid patches. It was treated by Finsen light and did well, though at first she had a very severe reaction, and consequently took a longer time than usual to heal. After the patches were healed several suspicious nodules required further treatment. The patch below the knee healed, the scar being somewhat thick and rough.

CASE 5.—R. K—, male, aged 15 years, admitted to the Light Department on February 1st, 1907. There was no history of phthisis and the previous health was good. He was operated on for glands of the neck at four, but the wound never properly healed. There were lupus patches along the course of the lower jaw, except the chin, with thickened, keloidal tissue along certain parts of the scar, one extending from the thyroid to the angle of the jaw. It was treated with X-rays with great improvement and lessening of keloidal tissue and is still under treatment.

CASE 6.—A. P—, male, aged (P), admitted to the Light Department on March 12th, 1907. He knocked his arm, after which swelling appeared. This healed, but soon broke down again, lupus appearing in the scar. There was a patch of lupus on the extensor surface of the forearm, which was red and scaly, showing typical nodules. There was an enlarged gland just below the elbow, with signs of secondary lupus there also, and a patch below the knee. Treated by X-rays and Finsen light it improved rapidly, but is still under treatment.

CASE 7.—H. P—, male, aged 13 years, admitted to the Light Department, January 1st, 1904. The patient suffered from tuberculous glands of the neck. Lupus began after excision of glands in front of the left ear, spreading anteriorly and posteriorly. On admission he had patches covering the whole of the left cheek, extending down the neck, and another patch under the chin. The edges were very active, many nodules being present, and scarring in some places. He was scraped, then had X-rays and Finsen light. He is now having opsonic treatment with but little improvement.

CASE 8.—A. T—, male, aged 28 years, admitted to the Light Department on April 23rd, 1903. There was no history of phthisis. It started eighteen years ago, following an abscess due to "mumps" in the pre-auricular region, and had gradually spread. The whole of the left cheek was one mass of lupoid infiltration. The left ear was implicated, and the condition was spreading on to the neck at the angle of the jaw and below the left ear. The lower part of the helix was gone. The lesion presented a red surface with characteristic nodules and spreading edge. It was treated by Finsen light with an excellent result.

CASE 9.—L. B—, female, aged 20 years, admitted to the Light Department on January 1st, 1902. The mother died of phthisis. The previous health was good. It began at seven years under the jaw with a lump which burst. Lupus spread from this. The nose became affected later. The end of the nose showed a greenish-yellow scab, and there were dry patches on the cheek, neck, and under the jaw. It was treated by X-rays and Finsen light.

CASE 10.—B. P—, female, aged 10 years. The paternal aunts and uncles died of phthisis. It commenced when three years of age as an abscess under the centre of the chin. On admission she had nodules of lupus under the chin in the scar of a former abscess. It was treated by Finsen light and cured.

CASE 11.—A. H—, male, aged 15 years, admitted to the Light Department on January 15th, 1907. There was no history of phthisis. A trauma to the face ten years ago was followed by enlarged glands in the submaxillary regions. These were excised, but lupus appeared immediately in the scar and spread. On admission the patient had lupus involving the neck, and encroaching on to the face and chin, and spreading on to the right side of the face; it was scaly in some parts, and healing in others. Telangiectases were present. The lupus was of a very superficial type. It was improving under X-rays, but was still under treatment.

CASE 12.—M. F—, female, aged 18 years, admitted to the Light Department on September 27th, 1906. The sister died of phthisis. The patient had scarlet fever twelve years previously, followed by enlarged glands on the left side of the neck. She had, on admission, a patch of lupus over the old scar, with typical apple-jelly nodules, and was treated by the Finsen lamp. She was seen on March 2nd, 1907, when the scar was perfectly sound.

CASE 13.—L. S—, female, aged 9 years, admitted to the Light Department on October 29th, 1903. The maternal grandmother died of phthisis, but the previous health was good. It began three years previously as a swelling on the right cheek. This formed an abscess which ruptured; evidently a T.B. focus in the subcutaneous tissues (facial gland), from which the skin was infected. Lupus appeared, and several spots had been successfully treated at the North-Eastern Hospital for Children by X-rays under Dr. Sequeira. Another spot of lupus had since appeared at the margin of the scar; treated by Finsen light and cured. The patient was last seen on April 5th, 1907, and was perfectly well.

Cases of this description could be multiplied, but the above are typical examples of what must be considered a very common mode of origin of Lupus vulgaris.

[N.B.—For permission to publish the above cases I am indebted to Dr. J. H. Sequeira, Physician in Charge of the Skin and Light Department, London Hospital.]

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## NOTES ON THE MEETINGS OF THE DERMATOLOGICAL SOCIETY OF LONDON FROM 1882 TO 1894.

By T. COLCOTT FOX, M.B., F.R.C.P.

(Continued from page 299.)

SEVENTY-FIFTH MEETING, JANUARY 8TH, 1890.

CHAIRMAN, DR. ANGEL MONEY.

The following cases were shown :

*Severe acne, limited to the chest and back.* (G. R—, aged 39 years).  
(SANGSTER).

*Note.*—See *Brit. Journ. Derm.*, 1890, vol. ii, p. 50.

*Serpiginous ulcerating syphilide of the face with contraction of the mouth* (F. C—, aged 51 years).

*Note.*—See *Brit. Journ. Derm.*, vol. ii, 1890, p. 50.

*Patchy baldness of scalp with atrophic change in a young girl* (SANGSTER).

*Note.*—See *Brit. Journ. Derm.*, vol. ii, 1890, p. 51. See also Dr. Pringle's case, No. 924.

*Deep pigmentation after psoriasis and subsequent Pityriasis rubra* (arsenic not employed) (CROCKER). *Lupus erythematosus of the fingers* (MORRIS). *Gangrene of the skin after intertrigo in a child; case of prurigo* (STOWERS). *Circinate syphilide with Seborrhœa corporis* (ANDERSON). *Two cases of large tuberculated syphilides; tertiary syphilide* (CRIPPS). *Obstinate tertiary syphilide of the penis and scrotum*, previously shown by Dr. Pye-Smith, May 11th, 1887. *Verruca necrogenica and Lichen planus* (PERRY). *Morphœa* (COLCOTT FOX).\*

*Case for diagnosis, Erythema induratum des scrofuleux* (Bazin), in a girl, aged 15 years, similar to one shown by Dr. Perry on November 13th, 1889 (COLCOTT FOX).

*Multiple pigmented sarcoma of skin of feet and legs*, previously shown. *Influenza rash*; an acute urticarial eruption of extreme severity to which no other cause except the influenza, from which he was suffering, could be attributed (PRINGLE).

*Case of acute, universal dermatitis*, probably due to chloralamide (PYE-SMITH).

See *Clin. Soc. Trans.*, with portraits, vol. xxiii, 1890, p. 137.

#### SEVENTY-SIXTH MEETING, FEBRUARY 12TH, 1890.

CHAIRMAN, DR. CAVAFY.

The following cases were shown :

*Case for diagnosis.* ? Unusual phase of *Lupus erythematosus* (CAVAFY).

(1) *Case for diagnosis.* ? Recurring erysipelatoid lymphangitis of the left arm and thigh of a woman. ? Self inflicted (MONEY). (2) *Primary syphilitic sore* of the lower lip, with secondary multiform eruption (CRIPPS).

\* A wax model of the case, whilst under Dr. Fox's care, was deposited in Royal College of Surgeons. An illustration at a later stage has also been published by Mr. Jonathan Hutchinson (*Archives of Surgery*).



(1) *Recurrence of Mycosis fungoides*, after an apparent cure of six months' duration, in a man, previously shown on February 9th, 1887, and May 11th, 1887. The patient died of acute pneumonia, in the course of which the lesions subsided almost completely. (2) *Case of peculiar limited congenital bald patches* of the scalp, very similar to the case shown by Dr. Sangster at the previous meeting (PRINGLE).

See *Brit. Journ. Derm.*, 1890, p. 51.

*Case of papillomatosus* and warty patches, and lines on the left side of the head, face, neck, arms, and leg of a boy, aged 11 years (? *Ichthyosis hystrix*) (THIN).

*Two cases of generalised squamous syphilis* in a husband and wife, simulating psoriasis (COLCOTT FOX).

*Note.*—The general opinion was in favour of psoriasis.

(1) *A syphilitic and rickety infant* with widespread patches of eczema markedly infiltrated. (2) *Generalised Pityriasis rubra* in a mild form (CROCKER).

*Case of an infant for diagnosis* (STOWERS).

#### SEVENTY-SEVENTH MEETING, MARCH 12TH, 1890.

CHAIRMAN, SIR DYCE DUCKWORTH.

*Rhinoscleroma* (?) in a boy, aged 14 years, removed five years ago.

*Note.*—Sections, shown at a subsequent meeting, proved the disease to be carcinomatous, although exactly simulating rhino-scleroma in external characters and locality.

*Young man with ringed hair* (bands of colour), scalp dry and scurfy (*Trichonosis versicolor* of Erasmus Wilson).

*Note.*—Experiments did not favour the theory of diurnal intermissions of growth.

*Contagious dermatitis* (ringed patch) on the arm of a woman and cheek of her infant (ANDERSON).

*Recurrent fungating meibomian cyst* (?) (SHEILD). *Lichen scrofulosorum* in a girl with *Ulcus cornæ*; *Case for diagnosis in a girl*. Generalised chronic pustular eruption. ? *Dermatitis herpetiformis* (COLCOTT FOX). *Papular eruption in an infant* (? *Lichen planus*, or *Lichen urticatus* with papules in a state of involution) (STOWERS).

*Tertiary syphilis* (?) of the left scapular region, right shoulder and neck, and right thigh in a young woman. Duration four years (MORRIS).

*Lupus erythematosus on the nose, ears, and scalp* (PRINGLE). *Lepra*

*anæsthetica* in a young woman from Demerara (CRIPPS). *Non-paroxysmal Raynaud's disease*, ? chilblains on congested extremities (LEES).

Dr. STEPHEN MACKENZIE. (1) *Adenoma sebaceum* of the face and body of a boy, aged 15 years, the subject of epilepsy. The duration was ten years.

(2) *Adenoma sebaceum* (?) and hairy mole of the left side of the face of a man, aged 21 years.

(3) *Extensive circumscribed dermatitis* of the back and loins (papular and ringed), shown previously on November 9th, 1884, and May 9th, 1888. Nature uncertain.

Published with illustration, *Brit. Med. Journ.*, January 4th, 1890, p. 7.

Dr. SANGSTER. (1) *Generalised xanthoma?* in a woman (H. D—) with a tertiary syphilide of the leg.

*Note.*—This case was recorded, with microscopical examination, by Dr. Pollitzer, in the *Journal of Cutaneous and Genito-Urinary Diseases*. It turned out to be cystic. The girl was afterwards in the Lambeth Infirmary.—T. C. F.

(2) *Lupus erythematosus* with rapidly-growing epithelioma of the temple.

(3) *Tinea barbæ*.

Dr. CROCKER. (1) *Lupus vulgaris* of the end of the nose simulating a tertiary syphilide, in a single woman, aged 53 years. Duration two years.

(2) *Blue discolouration of the skin*, drawing of.

*Vide Atlas*, Plate XXXVIII, *Argyria*.

(3) *Congenital sebaceous disease* of the left cheek in front of the ear (drawing of).

*Vide International Atlas*.

Dr. PRINGLE. *Telangiectases* of the hands (*angio-keratoma* of *Mibelli*) after chilblains (drawing of). Case previously shown on October 9th, 1889.

See also October 8th, 1890.

#### SEVENTY-EIGHTH MEETING, APRIL 9TH, 1890.

CHAIRMAN, DR. GEORGE THIN.

The following cases were shown :

(1) *Generalised non-diabetic Xanthoma papulatum* of great intensity.

See also May 14th, 1890 (S. Mackenzie).

(2) *Warty growth* on the cheek of a young woman, *Lupus lymphaticus*? (3) *Lupus vulgaris* (MACKENZIE).

*Symmetrical grouped comedones* on the back and shoulders of a boy, aged 3 years. Duration six months (PRINGLE).

SEVENTY-NINTH MEETING, MAY 14TH, 1890.

CHAIRMAN, DR. J. F. PAYNE.

The following cases were shown :

MR. HUTCHINSON. *Syphilis of the nails* in a man after chancre of the fingers.

DR. STEPHEN MACKENZIE. (1) *Xanthoma multiplex*, previously shown April 9th, 1890, No. 951.

(2) *Onychomycosis*?

(3) *Rodent ulcer* in an elderly lady, nearly cured, and drawing of it, before treatment. At the time of exhibition only a small nodule occurred at one point at the margin of the ulcer. It was treated with acid nitrate of mercury, excision being declined. (It subsequently relapsed and extended, and was still present in November, 1894.)

(4) *Keratosis follicularis* in a child, following an acute illness. Microscopical examination confirmed the diagnosis. The patient made a good recovery.

MR. WARREN TAY. *Dermatitis herpetiformis* in a boy (F. B—), aged 19 years, a packer by trade. The patient came to Blackfriars Hospital on May 25th, 1888, under Mr. Tay, with an eczematous eruption of face and arms, which had appeared a week previously, and with acne spots of older standing on the face. Previous to that time his skin had been healthy and his general health good. He was treated with ung. hydrag. c̄ plumbo, lotio carb. deterg., and mistura ferri alkalina until June 29th, when eruption had everywhere increased. The ointment was then changed to ung. pet. co., but no improvement occurred. In the following October the eruption had extended over the chest and neck as well as the face and arms. It was papular, discrete, and in groups, and itched at night but not excessively. At this time there were numerous flat and also projecting warts on the face. Ung. sulph. co. was ordered for the face, and tar ointment and baths, and mist. pot. arsen. The warts gradually disappeared, but the other eruption increased more or less until March, 1890, the arsenic and

tar being continued all the time. Lassar's paste (with sulphur) was then tried and the improvement was most marked after it.

*Case for diagnosis in a girl, aged 17 years, ? factitious. Severe lupus* (MORRIS).

*Pityriasis rosea in a boy* (PRINGLE).

*Plane warts of the upper part of the forehead and backs of the hands in a young girl* (PERRY).

*Lupus in multiple patches simulating a tubercular syphilide; Keratosis pilaris in a child* (CROCKER).

*Morphæa patches of the right abdomen and thigh near the groin* (WILLIAM ANDERSON).

*Drawings of Lupus lymphaticus and localised pemphigoid eruption on the right arm, and left face, and "white tongue"* (HUTCHINSON).

*Idiopathic pigmented sarcoma of the skin, model and microscopical sections of* (MACKENZIE).

#### EIGHTIETH MEETING, JUNE 11TH, 1890.

CHAIRMAN, MR. MORRANT BAKER.

Mr. MALCOLM MORRIS and Mr. CROWLE. *Lymphangiectodes* in a boy, aged 14 years, affecting the right side of the abdomen (congenital), and the right thigh (recent and slowly spreading). Both groups were situated on spongy swellings probably consisting of deeply seated, cavernous, lymphatic tumours.

Dr. CAVAFY. *Persistent vesicating symmetrical erythema* of the feet in a man, aged 29 years, liable to chilblains.

Dr. PERRY. (1) A girl, aged 21 years, with peculiar *subcutaneous lymphatic (?) indurations* on the legs, similar to cases previously shown by himself and others. The case was unusually extensive and severe. The pinnæ of the ears showed chilblain atrophy.

(2) *Tuberculous disease* of the skin of the back of the hand in a woman, aged 73 years; duration two years.

Dr. STOWERS. (1) *Lupus erythematosus* of ten years' duration, in multiple patches, inflamed by treatment with Moore's ointment.

See also May 10th, 1893.

(2) *Large crateriform gumma* at the right angle of the nose of a girl, aged 6 years, with destruction of the ala nasi. The child had a node on the tibia, and a clear family history of syphilis.

See July 9th, 1890.

## EIGHTY-FIRST MEETING, JULY 9TH, 1890.

CHAIRMAN, DR. CAVAFY.

Dr. PRINGLE. *Pigmentary rash for diagnosis.* The patient was a single woman, aged 46 years. The rash was first noticed in the arms five years before, and was preceded by some "glowing" sensations. Since then it had increased in extent, but no subjective symptoms were present. Atrophic, pigmented, symmetrical spots like large freckles occurred over the forearms, arms, face, and knees. In the earliest stage these were apparently papular, and there were two distinct papules on the legs, the size of a small pea, with scab.

See October 8th, 1890.

Dr. ANGEL MONEY. *Peliosis rheumatica? Erythema multiforme? Purpura urticans?* The patient was a male child, aged 11 months. The eruption began with what the doctor called a sprain in the right ankle region on July 2nd, 1890. Next day the left ankle was affected, and had an appearance as of bruising about the right ankle. The child seemed feverish and in pain; these later symptoms lasted till July 9th. The eruption consisted of circular and serpiginous, red and purplish patches in the skin (purpuro-erythematous). On the back of the left hand a few little indurations of whitish colour and the size of a split-pea occurred in the skin and were much like urticarial wheals, but in their centre was a red (?) hæmorrhagic spot. Symmetry characterised the eruption on the joint regions of the wrists, elbows, knees, and ankles. There was hæmorrhage into the prepuce and considerable bleeding from the bowel, repeated every day since illness began. There was no bleeding elsewhere. The skin of the cheeks showed irregularly outlined red-erythematous and purpuric areas. There was no sign of heart disease, but much anæmia, and the child was always sickly. He was partly hand-fed, but was still at the breast. There was no joint-swelling. There had been no miscarriages, the patient being the first and only child. There was no definite evidence of syphilis, or craniotabes.

*Two children with a peculiar form of chronic urticaria? (Fox).*

*Congenital linear papillomata* in the right axilla, spreading and simulating Lichen planus (MORRIS).

*Twins with hereditary syphilis; nævoid growth of the buttocks and glans penis (STOWERS).*

*Drawing of Adenoma sebaceum of the face (CROCKER).*

## EIGHTY-SECOND MEETING, OCTOBER 8TH, 1890.

CHAIRMAN, DR. J. SYER BRISTOWE, F.R.S.

Mr. MORRIS. *Extensive favus of the scalp and trunk* in a woman, aged 38 years, suffering from advanced phthisis, and with masses of tuberculous glands in the neck. It began at age of thirteen years.

*Note.*—See report, with illustration, in *Brit. Journ. Derm.*, vol. iii, 1891, p. 10.

Dr. PRINGLE. (1) *Pigmentary and papular eruption*, exhibited at the last meeting, now with microscopical sections of a papule showing it to be *Verruca plana*.

(2) *Plane warts or callosities* of the palms and soles in a young woman suffering from psoriasis, and having taken arsenic for a year. Considerable discussion arose regarding the diagnosis, and the eruption on the palms was attributed to (1) a disordered sweat-apparatus, (2) the influence of arsenic, (3) the presence of papules of psoriasis, or *Lichen planus*, or plane warts.

*Note.*—This case was one of arsenical keratosis.—J. J. P.

See November 12th, 1890, and *Brit. Med. Journ.*, 1891, p. 390.

(3) *Psoriasis in a woman* to illustrate changes in the nails of several different kinds, viz., ingrowing, malformation, and cessation of growth at the root. In none were seen the pitting or spots beneath the nails usually associated with psoriasis.

(4) *Lichen planus in a man*. There was very little general eruption, but much on the buccal mucous membrane.

(5) *Angio-keratoma*, with sections; previously shown on October 9th, 1889, and March 12th, 1890.

See *Brit. Journ. Derm.*, 1891, p. 237, *et seq.*

Dr. CROCKER. *Vesicating erythema* in irregular patches, limited to the right arm and hand. *Dermatitis artefacta*.

Mr. SHEILD. *Bullous eruption* of the left arm and palm, leaving scars with pigmented borders. There were several lesions on the palm, but only two or three up the arm. The finger was said to have been poisoned, and the eruption ascribed to inflamed lymphatics.

Dr. MACKENZIE. *Peculiar hæmorrhagic eruption* of the legs. No antecedent eruption was discoverable, and no marked ill-health or sponginess of the gums or other symptoms. The hæmorrhages were punctiform, apparently follicular, often in dense aggregations, and were of a faded brown colour, like the stains of old eczema of the

legs. It was described as appearing as bright spots, and there was a subcutaneous hæmorrhagic blotch of the forearm. It was unlike ordinary purpura, and suggested hæmorrhages secondary to some eruption.

Dr. ANGEL MONEY. *Papular eruption*, covering an area the size of the palm of the right side of the neck in a woman. The duration was two years. It consisted of papules, which were smooth, glistening, and the same colour as the surrounding skin, and about a quarter of a pea in size. When flattened down they resembled Lichen planus.

Dr. STOWERS. *Dermatitis repens*, drawing of.

See exhibitor's paper, with illustrations, *Brit. Journ. Derm.*, vol. viii, 1896.

Dr. FOX. *Congenital non-syphilitic pemphigus (epidermolysis)* (model of hand), displaying loss of nails and fibrous condition of nail-beds. Case previously shown on May 8th, 1889.

#### EIGHTY-THIRD MEETING, NOVEMBER 12TH, 1890.

CHAIRMAN, DR. J. F. GOODHART.

Dr. MITCHELL BRUCE. (1) *Case of arsenical pigmentation and keratosis* in an epileptic man, aged 23 years, with bromide of potassium eruption on the face and neck. The whole trunk was pigmented a brownish-black colour, leaving little round, circular, white areas, which were not obviously follicular. The follicles were not erected. The hands, feet, ankles, and wrists were the seats of a papular eruption, simulating tiny plane warts, which were confluent on the palms and soles. The latter situations were also erythematous. There was no peripheral neuritis. A little retinal pigmentation occurred.

(2) *Case of arsenical pigmentation* in a young man, with tuberculous peritonitis, who had taken 5 minims of liq. arsenic. hydrochl., t.d.s., for six weeks. An erythematous general eruption had left desquamating pigmented areas all over the arms and legs, and on the trunk.

(3) *Case of skin-discolouration for diagnosis*. A man, aged 47 years, a saddler, with hair nearly grey, of fine physique, had his face uniformly pigmented of a black tint, with a bluish tinge, strikingly like argyria. The ears, neck, and chest were affected. It came on gradually. No organic disease was detected, but he complained of ill-health. The nails were very singularly pigmented round the lunules. The soft palate was also pigmented in a remarkable way.

The man was said to have had syphilis, and had taken mercury since the pigmentation began. There was no clue to cause, and he had never taken silver.

See record in *International Atlas of Rare Skin Diseases*.

*Note*.—Cases are on record of argyria following painting of the throat with silver nitrate.—T. C. F.

Mr. MALCOLM MORRIS. *Case of pigmentation for diagnosis*. The mouth, face, arms, and axilla were studded with blackish, irregular areas of pigmentation. The pigmentation on the face was like that associated with pregnancy, while on the flexor aspects of the fore-arms it was like that left by Lichen planus. The cause was unknown.

Dr. CROCKER. (1) *Case of Pityriasis rosea* in a child showing Brocq's primary plaque on the right side of the thorax.

(2) *Case of chronic pemphigus* in a woman with remarkable general hyperidrosis and tylosis (sponge-like thickening of the palms and soles). Dr. Crocker thought the latter due to long-continued hyperidrosis; ? arsenic which she had taken; or part of the original disease.

*Note*.—See *Brit. Journ. Derm.*, vol. iii, 1891, p. 169.

Mr. HUTCHINSON. *Infective angioma, nævus-lupus*. A wax model (from Lassar's case at Berlin, shown in Museum at International Medical Congress, 1891) of the arm of a child, and a drawing of the arm of a patient of his own, with a delicate, ringed eruption, called by him a phase of Lupus erythematosus. He compared it with a portrait of Lupus erythematosus of a woman's face, showing the similar delicate rings on the cheeks.

*Note*.—Dr. Crocker has christened this condition *Angioma serpiginosum* (see Hutchinson's *Archives of Surgery*, pl. ix, vol. i).

The following cases were also shown: *Ichthyosis simplex* beginning at three months (CRIPPS). *Miliary corymböse syphilide; erythema induratum* (PRINGLE). *Miliary corymböse syphilide* (PERBY). *Extensive nævus* (SANGSTER). *Extensive hairy pigmented mole of the face* (DENT).

#### EIGHTY-FOURTH MEETING, DECEMBER 10TH, 1890.

CHAIRMAN, MR. WILLIAM ANDERSON.

The following cases were shown:

*Pityriasis rosea* in a child, exhibiting a typical primary plaque (of Brocq); *Epithelioma* arising from scar of an old lupus on the cheek



of a young man (*vide Atlas*, Plate LX); *Gyrate psoriasis* in a young man (*vide Atlas*, Plate XXVII); *recurrent lymphangitis* on the face of a young child, unusual in localisation; *extremely severe ringworm of the body and scalp* in a young child, and of ten months' duration (*vide Atlas*, Plate XCIV); *erythematous lupus* in a young woman previously apparently cured by an attack of erysipelas but relapsed (CROCKER).

*Pityriasis rosea*; *acute tubercular ulceration on the nose* of a young man (MORRIS).

*Disease of nails* (dystrophy) in a middle-aged man; *severe psoriasis* of the palms of the hands in a suckling woman; *case of nodules* in skin of hands and legs in a girl, aged 17 years (PERRY).

(Similar to cases previously shown by himself, Dr. Mackenzie, and others, but with no lupoid lesions).

*Rodent ulcer of side of the nose* (PAYNE).

*Bromide eruption* accompanied by some pyrexia and simulated smallpox (CRIPPS).

*A case of probable peripheral neuritis* of left arm with erythematous lesions in affected nerve area in a lady, aged 61 years (PRINGLE).

#### EIGHTY-FIFTH MEETING, JANUARY 14TH, 1891.

CHAIRMAN, DR. RADCLIFFE-CROCKER.

Mr. SHEILD. *A man, aged 44 years, with severe Lichen planus*, the lesions on the trunk being typical papules, but those on the legs being extremely verrucose. He had old chilblain lupus of the ears.

Mr. MALCOLM MORRIS. *Very severe Lupus erythematosus of face, hands, and feet* of fourteen years' standing, in a woman, aged 64 years. The lesions on the extremities were much aggravated by cold weather.

Dr. CROCKER. *A chancre and minute follicular syphilide* in a lad.

Dr. PRINGLE. *Lupus vulgaris* of the face, gum, and palate, in a girl, aged 19 years, under treatment by Koch's method.

#### EIGHTY-SIXTH MEETING, FEBRUARY 11TH, 1891.

CHAIRMAN, DR. PYE-SMITH, F.R.S.

Dr. PYE-SMITH. (1) *A case of Mycosis (granuloma) fungoides* in a man, aged 66 years, of about one year's duration. It consisted of chronic

scaly hypertrophic dermatitis, with granulating tumours on the face, shoulders, and back.

See *Clin. Soc. Trans.*, vol. xxv, 1892, with plates.

(2) *A case for diagnosis* in a girl, aged 18 years. The patient had chilblains of the legs, and her circulation was bad for two years. There were spots of venous congestion with atrophy following, and smaller scaly macules occurred with oedema of the extremities; the patient was otherwise healthy.

*Note.*—This case probably belonged to the same category as those previously shown by Drs. Perry, Mackenzie, Pringle, etc. It was tuberculosis; see paper on "An Unusual Case of Tuberculosis of the Skin," by Mr. Dale James and Dr. Norman Walker, *Sheffield Med. Journ.* and *Brit. Med. Journ.*, November 12th 1892.

Dr. CAVAFY. *A serpiginous patch of eruption* of six months' duration in a woman, aged 36 years. ? Parasitic, ? syphilide. It was unchanged by remedies.

Mr. CRIPPS. (1) *A case of multiple fibromata* in a man, aged 45 years. The curious physiognomy common to all these cases was remarked upon.

(2) *Symmetrical subcutaneous tumours* of the elbows in a syphilitic man, aged 41 years, of four years' duration.

(3) *Lupus verrucosus* of the hand in a woman, aged 50 years; duration ten years.

Dr. PRINGLE. (1) *Case of Lupus erythematosus, ? tubercular.*

(2) *Case of generalised papular eruption* of recent origin in an elderly woman. The papules were strikingly like those of Lichen planus and caused considerable itching, but opinions were divided as to whether it was syphilitic or Lichen ruber planus, the majority of members deciding strongly for the latter.

See March 11th, 1891.

Mr. ANDERSON. *A peculiar serpiginous tertiary syphilide, non-destructive, with local neuralgia and loss of hair pigment of the beard and scalp, simulating Alopecia areata.* The hair had turned white in places, and in others bald areas were caused. Under iodide of potassium the patient rapidly recovered.

See *Brit. Journ. Derm.*, vol. iii, 1891, p. 150.

Dr. STEPHEN MACKENZIE. (1) *A case of Sarcoma cutis (Kaposi's type)*, previously shown April 11th, 1888, and May 14th, 1890.

(2) *Case of leucoplakia.*

Mr. MALCOLM MORRIS. *Alopecia areata* (one of four children affected).

Dr. PERRY. (1) *Acneiform eruption for diagnosis*, in a man, aged 43 years. The pits were not deep. Diagnosis: syphilide or *A. varioliformis*. He was much benefited by anti-syphilitic treatment.

(2) *Lupus verrucosus of hand*.

Dr. PAYNE. *Psorosperms* or colloid masses from a papular acneiform eruption of the skin.

See *Brit. Journ. Derm.*, vol. iii, 1891, p. 250.

#### EIGHTY-SEVENTH MEETING, MARCH 11TH, 1891.

CHAIRMAN, DR. J. F. PAYNE.

Dr. ROBERT LIVEING and Mr. BAKER. *A case of withering sarcoma*, previously shown January 13th, 1886, 401. A man, aged 25 years, with sarcomatous tumours of the scalp. The disease had lasted seven or eight years, and the special feature was that it had commenced in the fore part of the scalp and spread backwards, the earlier tumours withering away. One mass had been removed by Mr. Baker.

See model in Royal College of Surgeons Museum. The subsequent course and termination of this interesting case is given by Dr. Morgan Dockrell (*Brit. Med. Journ.*). A model of a similar, more aggravated case was shown by Kaposi, at the Congress at Rome, in 1894.—H. R. C.

See also "A Case of Fibro-sarcomata of the Scalp of Nineteen Years' Duration," by De Santi, *Path. Soc. Trans. Lond.*, vol. i, 1899, p. 234.

Dr. CROCKER. (1) *Case of Lupus vulgaris* treated by Koch's injections. The girl's face had decidedly improved at the fourteenth injection. The case relapsed subsequently.

(2) *Case of Lupus vulgaris similarly treated*. The boy's legs had greatly improved after sixteen injections. Soon relapsed.

Mr. DENT. Two members of a family affected with *Lupus vulgaris*, aged 14 and 15 years. A third sister was also affected. Brought to show improvement effected by Koch's injections. In the girl, aged 14 years, Mr. Dent had previously removed a central sequestrum (tuberculous osteitis) from the tibia, and the lupus developed later on the same leg. The sister had the lupus just above the right elbow, and the third sister on the face.

Note.—See *Brit. Journ. Derm.*, vol. iii, 1891, p. 156.

Mr. SHEILD. (1) *Cases of Tinea versicolor simulating a syphilide* in that the discrete macules were limited in front to the abdomen, but behind extended over the shoulders.

(2) *Hypertrophy of nails of foot.*

(3) *Syphilide of the nose* of a woman, leaving pits.

Mr. CRIPPS. (1) *Case for diagnosis.* ? *Lupus erythematosus* or tubercular syphilide relapsing for twenty years all over the scalp, the side of face (whisker region) and neck, especially on the right side and on the chest. On the scalp and face it formed a continuous sheet; on the chest it was in irregular patches. The lesions were mostly smooth, coppery nodules. The general opinion was that it was syphilis.

(2) *Lupus vulgaris* of the right elbow and toes of a girl, aged 13 years. Verrucose lesions occurred on the toes, and on the elbow it was partly verrucose with characteristic nodules around. There was old adenitis of the neck and the scar of an abscess on the right wrist. The father died of tuberculosis.

Dr. PERRY. Man, aged 20 years, with *nodules of the hands and ears*. The nodules were subcutaneous, inflammatory, and doughy.

Mr. ANDERSON. *Rodent ulcer*, or "*annular scrofuloderma*" of the left upper arm in a man. The edge was typical of scrofuloderma, one portion being verrucose like tuberculosis. It was very superficial and scarred over. It had spread from a pimple since November. The microscopical section shown proved its true nature.

*Note.*—Microscopic examination of sections from the margin simulated rodent ulcer, but later sections, and a subsequent manifestation of a like kind elsewhere, proved the disease to be tuberculous. See model in the Royal College of Surgeons.

Dr. PRINGLE. (1) Woman, aged 33 years, with *indolent subcutaneous nodules* (somewhat simulating ecthyma) studded over the legs, breaking down and leaving scars. It was the first attack (*Erytheme induré des scrofuleux of Bazin*).

(2) Girl, aged 17 years, with similar lesions, very characteristic. She had it the previous winter (*Erytheme induré des scrofuleux*).

(3) An omnibus driver, aged 52 years, with *rosacea of the face*, to which is added a scarring inflammation of the rim of the ears like *Lupus erythematosus* and a relapsing vesicular eruption (nine years) of the face, ears, and conjunctivæ, like *Hydroa vacciniiformis*.

See July, xv, 1891, No. 1113.

(4) *Bullous eruption for diagnosis* in a man, aged 35 years. It was acute and somewhat multiform. Red spots appeared on March 5th, bullæ on the 7th. There was at first some erythema and even hæmorrhage. Enormous bullæ occurred on the right thigh and ankle, and

some clustered eczematous or herpetiform maculo-papules above the left elbow. It was the first attack.

The general opinion favoured *pemphigus*.

Dr. CROCKER. (1) *Ichthyosis hystrix* (drawings of).

(2) *Lichen planus* (verrucose) of back of leg (drawing of).

(3) *Secondary sarcoma of chest-wall* (drawing of).

Dr. BROOKE. *Palms and soles* (drawing of disease of); diagnosis?.

See *Brit. Journ. Derm.*, November, 1901 (*Erythema keratodes symmetricum*, evolving synchronously on the palms and soles).

Mr. MORRIS. *Ichthyosis hystrix*.

#### EIGHTY-EIGHTH MEETING, APRIL 8TH, 1891.

CHAIRMAN, DR. DUFFIN.

Mr. HUTCHINSON. *A severe and extensive case of favus* in a boy, aged 13 years, a native of Plymouth. The disease was of four years' duration, affecting the head, face, hands, and almost all the nails. Although no characteristic scutula were present the diagnosis had been established microscopically. The lad was also the subject of peculiar circulatory disturbance of the extremities like Raynaud's disease.

Dr. PYE-SMITH. *A case of lupus of nose and buttock* in a child, treated by scraping and injection of Koch's tuberculin. All the improvement obtained was attributed to the scraping.

Dr. CROCKER. (1) *A case of Leloir's conglomerate peri-folliculitis* in a woman, aged 32 years, of one week's duration. The single patch of very typical appearance measured about the size of a half-crown piece, and was situated on the back of the left wrist. No history of inoculation was obtained.

(2) *A case of peculiar disease of the finger nails (? tinea)* in a boy, aged 12 years, who previously suffered from severe ring-worm.

(3) *A case of telangiectatic lupus*.

Dr. STEPHEN MACKENZIE. *A case of so-called Lupus psoriasis* of five years' duration, in a child, aged 6 years. The lesions consisted of lupus patches with considerable scaling situated over the tips of the elbows, knees, and knuckles.

See also exhibitor's paper, *Clin. Soc. Trans.*, vol. xv.

Dr. STOWERS. *A boy, aged 13 years, with a hard chancre of the lower*

lip of seven weeks' standing; general adenopathy, roseola, and early papular rash.

See June 10th, 1891, No. 1097.

Dr. PRINGLE. *A man, aged 30 years, with severe, large, tubercular, syphilitic eruption, and peculiar (recent) warty hypertrophy of the nipples, and warty growths arising from syphilitic lesions at the sides of the nose and around the mouth.*

Mr. HUTCHINSON. (1) *A case of rhinoscleroma (coloured drawings of).*

*Note.*—Indian case. (See Keegan, *Indian Med. Craz.*, January, 1889.)

(2) *A very peculiar case of Lupus erythematosus (drawing of).*

#### EIGHTY-NINTH MEETING, MAY 13TH, 1891.

##### CHAIRMAN, DR. CAVAFY.

Dr. CAVAFY. *Severe Lupus erythematosus of the hands and feet, and, to a slight extent, of the nose and ears, in a delicate-looking young woman.*

Dr. STOWERS. *Two sisters with severe Acne rosacea, duration eight years and four years respectively.*

Dr. PRINGLE. *Two cases of Leloir's disease (Perifolliculitis conglomerativa) of the arm, and drawing of one of the cases. In both the disease appeared to have been contracted from horses.*

Dr. FOX. (1) *Severe Tinea sycosis, ? contracted from horse. Also drawing of the same.*

(2) *A chronic and intractable form of follicular eczema, eight years' duration in a man. The scrotum was immensely thickened, fissured and exuding. The popliteal flexures were infiltrated and eczematous. The elbow prominences were red and scaly, like psoriasis. The whole flexor aspects of forearms were the seat of minute papules. Every hair-follicle was plugged. On the palms the eruption was almost warty. It was associated with great itching.*

Mr. ANDERSON. *Fibromatous nodules of the hands in a woman, aged 28 years. The duration was fourteen months. There was no heart disease or rheumatism.*

Dr. MONEY. *A case of psoriasis in a child. There was no eruption on the elbows and knees.*

Mr. MORRIS. (1) *Disease of the nails in a woman, aged 42 years,*

with good health. The hands and feet were affected since last August. The nails were raised from the beds at distal ends.

(2) *A linear eruption* down the right arm of a child. The upper part consisted of flat papules, the lower part of pustules. The mother was positive it was of recent origin.

Dr. PERRY. (1) *Numerous rings of pigmentation* on the lower extremities of a girl, aged 15 years, left by an erythematous eruption.

(2) *Scleroderma* with pigmentation in a band the whole length of the arm and forearm (outer side), following a wound over the biceps. The patient was a female, aged 28 years, and the lesion was of eight years' duration.

(3) *Lichen planus* ?.

Dr. PAYNE. *A papular disease of a boy's shins in patches*. It began by a plugging of the hair-follicles; the papules coalesced to form areas like those of warty Lichen planus. Several similar cases had been shown.

The possibility of its causation by psorosperms was discussed (see October 9th, 1889).

Dr. CROCKER. Drawings of *severe anthracoid iodide eruption of the face and linear band of Lichen planus* down the back of the leg.

#### NINETIETH MEETING, JUNE 10TH, 1891.

CHAIRMAN, DR. STEPHEN MACKENZIE.

Mr. MORRANT BAKER. (1) *Wax model of withering sarcoma*.

Case previously shown on January 13th, 1886, and March 11th, 1891. See College of Surgeons Museum.

(2) *Keloid of the shoulder and arm in a woman*.

(3) *Case for diagnosis. Keratoderma* of palms and soles. A woman, aged 43 years, with an affection of the palms and soles, and respective nails. The heels were covered with a thick mass of cornified epithelium, also the ball of the foot. The intervening portions were also dry, and hard, and thick. The toe-nails were much affected, apparently as in psoriasis of the nails. The palms seemed rather thick and harsh, and she said they had always been so. Some of the finger-nails were slightly affected. The nature of the affection was not clear ? keratosis, syphilis, eczema. The duration was 9 months.

Dr. STOWERS. (1) *Primary syphilis of the lip* (shown before on April 8th, 1891) to show the result of treatment.

(2) *Lupus vulgaris* of the lobe of the ear in a boy, aged 11 years. Duration 6 years.

Dr. MITCHELL BRUCE. Remains of a very extensive *Zoster collaris* of the right side following severe neuralgia, and some motor and sensory paresis. The man, aged 47 years, could not raise his arm above the shoulder. Great relief from pain was obtained from the constant current.

Dr. MACKENZIE. A woman, middle-aged, with an eighth recurrence of *psoriasis*. The present attack was acute and general, and consisted of very small scaly papules. Some were present on the flexor aspect of the arm, simulating Lichen planus.

Mr. MORRIS. A girl, aged 6½ years, with *Hydroa herpetiformis* of three weeks' duration. Some considered this case pemphigus. The lesions were of all sizes, from a millet-seed to a shilling.

#### NINETY-FIRST MEETING, JULY 15TH, 1891.

CHAIRMAN, MR. MALCOLM MORRIS.

Mr. HUTCHINSON, Jun., showed for Mr. HUTCHINSON, Sen. A case of *infective angioma* or *nævus-lupus* in a girl, aged about 12. The condition was similar to that illustrated in Plate IX of Mr. Hutchinson's *Archives of Surgery*, but confined to the left leg. The disease began at the age of two years and was still spreading. The vesicular tufts (telangiectasis) of which it was composed could not be emptied by pressure. No scarring was present. The patient was liable to severe chilblains in winter. The case was the fourth of the sort seen by Mr. Hutchinson.

Dr. CAVAFY. Case of *Lupus erythematosus* of the face and hands complicated in the former situation by much œdema, in a middle-aged man.

Dr. STEPHEN MACKENZIE for Dr. F. J. SMITH. (1) A remarkable case of *nodules on the hands* of a girl, aged 18 years, the disease being of four years' duration, but not spreading for the last two years. The naked-eye appearance resembled "multiple sarcoma," but microscopical examination of an excised nodule revealed only fibrous tissues. There was some history of rheumatism.

Subsequently published by Dr. F. J. Smith in *Brit. Journ. Derm.*, May, 1894,



p. 144, as *Erythema elevatum dintinum*, and by Mr. Hutchinson, in his *Archives*, vol. v, p. 237, as a case of the "Judson-Bury Group."—T. C. F.

(2) *A case of rheumatic nodules* in the hand and forearms of a girl, aged 12 years.

(3) *Pigmentary eruption over the trunk and limbs* of a man, aged 29 years, and of twelve years' duration. The patient's description of the beginning of the spots and the presence of marked factitious urticaria led to the diagnosis of a peculiar form of *Urticaria pigmentosa*, which was generally agreed to.

Mr. MALCOLM MORRIS. *A case of peculiar baldness* in a girl, aged 19 years, and of four months' duration. The lesions were obviously follicular in the first instance, and left extensive scars. There was much seborrhœa round the two patches, which were symmetrically situated on each side of the vertex. The members were divided as to whether the case was one of erythematous lupus or of *Folliculitis decalvans* (Quinquaud).

Dr. PERRY. *A case of lupus of the lip and mouth* of two years' standing, in a girl, aged 18 years. There was extensive destructive change of palate, and especially of the tongue.

Sir DYCE DUCKWORTH. *A case illustrating the involution of a keloid* of twenty years' standing, originating in scars left by a blister.

(*St. Bart's Reports*, vol. viii, p. 45, 1872. "Notes on Keloid," *Clin. Soc. Trans.*, vol. iii, p. 118, 1870.)

Dr. PRINGLE. (1) *A case of flat warts of backs of the hands* of a young woman, aged 22 years, resembling—especially as regards grouping—the papules of *Lichen planus*.

(2) *A case of Acne varioliformis* (frontalis), of one month's duration, in a girl, aged 15 years. Some doubts were expressed as to the accuracy of the diagnosis but no alternative was suggested. The subsequent progress of the case fully confirmed the diagnosis. There was no sign of syphilis.

(3) *A case of Lupus erythematosus*, shown in February, 1891, to illustrate result of treatment by ichthyol internally.

Dr. WALTER SMITH. *Specimens of ainhum from the West Coast of Africa.*

(To be continued.)

## CURRENT LITERATURE.

**TRICHORREXIS NODOSA, A CONTRIBUTION TO THE STUDY OF. LASSUREUR.** (*Ann. de Derm. et de Syph.*, November, 1906, p. 911.)

THIS careful little paper supports in the most convincing manner the opinion of Sabouraud, that Trichorrhexis nodosa is due to injuries to which the hair is submitted, and in turn discounts the view recently expressed by De Keyser at the Berlin Congress that the affection is parasitic. Characteristic changes of the disease were produced experimentally in four cases by the free use of soap in the hair of the moustache. The same changes are observable in the hair of almost all shaving brushes that have been used for any length of time. The shaving brushes of fifty-six patients were examined; in only one of the possessors was the disease of Trichorrhexis nodosa observed, but this condition was present in every one of the brushes.

E. G. L.

**LICHEN SCROFULOSORUM, A CONTRIBUTION TO THE STUDY OF. LESSELIERS** (Clinic of Professor Jadassohn). (*Ann. de Derm. et de Syph.*, November, 1906, p. 897.)

SINCE Jacobi demonstrated in 1891 the tubercular structure of the lesions of Lichen scrofulosorum, many other observers have repeated his observations, and there seemed to be general agreement that Lichen scrofulosorum was of tubercular origin. Latterly, however, the existence of a tubercular structure has been disputed. In eighteen cases examined microscopically Klingmüller found this structure in only five. Lesseliers has examined seventeen cases in which the diagnosis of Lichen scrofulosorum was made. This forms an extremely interesting series of observations excellently recorded, which will repay study. In fourteen of these seventeen cases the "typical structure" of tubercle was demonstrated (epithelioid round cells and giant-cells in groups). Of the remaining three cases, one showed grouped epithelioid-cells but no giant-cells; one showed epithelioid cells with a single giant-cell, of rather indistinct type; and only one case showed no tubercular structure, but simple inflammatory reaction.

When confronted with a case of Lichen scrofulosorum it is important to apply the following tests: (1) histological examination of the lesion; (2) reaction of the eruption to injections of tuberculin; (3) search for the bacillus in numerous serial sections; (4) perform inoculation in animals with the diseased tissue.

With regard to the eruptions of Lichen scrofulosorum provoked by injections of tuberculin, opinions have differed as to whether this is of the same character as the spontaneous cases. In the present series of observations, in two instances the eruption had appeared for the first time in response to injections of tuberculin made for other tuberculous affections; in both typical tuberculous histology was demonstrated. Jadassohn, in 1896, suggested the hypothesis that in these cases of apparent reaction to tuberculin, there is pre-existent tuberculosis which becomes evident under the stress of the infection—a view which Lesseliers supports, and which disposes of the difficulty of explaining so apparently speedy a development of tuberculous disease.

The paper is a model of lucid and modest exposition, worthy of the clinique from which it emanates.

E. G. L.

**EPIDERMOLYSIS BULLOSA, DYSTROPHIC AND CONGENITAL,  
A CONTRIBUTION TO THE CLINICAL AND HISTOPATHO-  
LOGICAL STUDY OF. PETRINI-GALATZ. (*Ann. de Derm. et de Syph.*,  
August and September, 1906, p. 766.)**

THIS author deprecates the inclusion of this group of diseases with pemphigus (Brocq, *La Prat. Derm.*), and also objects to the classification under this heading of cases like those of Tilbury Fox, of "predisposition or hereditary tendency to the formation of bullæ" due to injury. He defines the disease as "a definite dermatosis, with a uniform course, and constant objective symptoms, with a typical distribution of lesions on the dorsal aspect of the hands, the elbows, the knees, and ankles, with alterations of the nails, atrophy of the skin in the site of the bullæ, and the formation of epithelial cysts." He claims "dystrophy" as an essential feature in the disease; heredity may be absent, but these cases are always congenital. Three such cases are recorded in detail. Two occurred in sisters, with a family history of five out of seven children being similarly affected. In the third case there was no family history, and in none of the three was there hereditary transmission. The successive outbreaks of bullous eruption were in no way connected with traumatic causes; there was no seasonal variation as is present in the case of "hereditary tendency to the formation of bullæ."

Bacteriological examination of the contents of the bullæ showed in some cases growth of staphylococcus, which is ascribed to contamination, since in others the bullæ were sterile. The author thinks it probable that the cause must be sought in some alteration of the peripheral nervous system in the site of the lesions on the analogy of the changes in tropho-neurotic leprosy.

The character of the epidermal cysts has been much debated. Darier considered that they were due to obliteration of the sweat-ducts (retention cysts of the sweat-ducts). Grouven regards them as epidermic masses, keratinised in the centre and surrounded by a thin coating of connective tissue. Csillag thought that these cysts were in part formed of the sweat-ducts and in part of the pilo-sebaceous follicles. Petrini-Galatz claims to have demonstrated that the cysts are due to the transformation of epidermic cells, in which the central cells of the mass break down and are absorbed, thus constituting a cavity lined by epithelial cells either partially or wholly keratinised.

E. G. L.

**RINGWORM OF THE DEER, TRANSMISSIBLE TO MAN. CERESOLE.  
(*Ann. de Derm. et de Syph.*, August and September, 1906, p. 743.)**

AN infection with ringworm of certain deer in the park of a private chateau was observed, and persons in contact with the infected deer became infected. Ceresole visited the scene of infection and made the investigations here recorded.

The deer were found to be almost covered with the typical patches of the disease, and the state of health of the animals was very bad. They were treated by a veterinary surgeon, who caused them to be shaved and plunged daily into creoline baths. Of thirteen deer, ten died. Thirteen persons who had come into contact with the animals were found to be affected with similar patches on the cheeks, hands, neck, and legs. The origin of the infection could not be ascertained. Cultures were obtained from lesions of the deer and of the men, and proved identical; the character of the growth on proof-media and certain

peculiarities of the mycelium seemed to distinguish the organism from the ringworm of the horse.

E. G. L.

**LYMPHO-SARCOID (A NEW VARIETY OF SARCOID). GOUGEROT.**

(*Ann. de Derm. et de Syph.*, August and September, 1906, p. 721.)

FROM Kaposi's group of "sarcoid," which comprised all tumours of lymphatic and connective-tissue origin, several clinical groups have been separated, notably the "sarcoids" of Boeck, which Darier has shown reason to consider as atypical tuberculous lesions, and the "hypodermic sarcoid" of Darier-Roussey, which is closely allied to Bazin's disease. The present observation constitutes still another type, intermediate between the sarcoids of Boeck and true lympho-sarcoma and lymphadenoma, hence the term purposed to designate the type. Gougerot proposes that the term "sarcoid," which has been used too loosely and has become ambiguous, should be restricted to a class of which he gives the following definition: "Small new growths in the corium, multiple, benign, and curable, of lympho-connective-tissue type, and infective origin." It is avowedly a provisional grouping of types, and when one class, such as the sarcoid of Boeck-Darier, becomes identified with the tuberculous diseases of the skin, it should cease to be retained in this class, and Darier's name "lupoide multiple benigne disseminée" should be definitely reserved for this type. Under this conception sarcoids are "reactions" of the lympho-connective tissue, differing widely from one another and probably due to different causes.

The case here reported occurred in an agricultural labourer, aged 70 years; he had long suffered from "prurigo," but had recently observed the eruption of painless nodules on his trunk. These nodules were 4-6 mm. in size, prominent, hard, reddish-orange in colour, with intact epidermic covering and without scales or crusts. A greyish, translucent centre was discernible, especially on diascopic compression. The nodule was seated in the corium and was completely painless. There were no glandular enlargements.

*Histologically* the nodule was shown to consist of a "tuberculoid" mass of epithelioid cells with giant-cells, surrounded by a large zone of intense inflammatory reaction. No bacteria were found in sections of the lympho-connective tissue stained with Gram, Ziehl's stain, etc., and fragments of nodules sown on agar gave no cultures. Inoculations into guinea-pigs likewise proved negative.

Methods of differentiation of these histological appearances from those found in tuberculosis, carcinoma, lympho-sarcoma, lymphadenoma, and Mycosis fungoides are elaborately discussed, and the authority of Darier and Dominici is invoked for the essential individuality of the histological appearances, and for the justification of the term "lympho-sarcoid" to describe these.

Photographic plates are appended of the clinical aspect of the eruption and of the histological conditions under various magnifications.

E. G. L.

**UNIVERSAL ITCHING WITHOUT SKIN LESION; HÆMATOGENOUS UROBILINURIA; MALARIAL POISONING; PECULIAR ERYTHROCYTOLYSIS. JOHN K. MITCHELL and ALFRED REGINALD ALLEN. (*Amer. Journ. Med. Sci.*, March, 1907, No. 420, p. 440.)**

THIS case is of interest as showing the coincidence and possible relationship

between universal pruritus and changes in the blood. The title is not quite complete, for there were "distressing symptoms of Raynaud's disease" present in addition to the persistent itching.

The patient, a male, aged 50 years, was born in Pennsylvania, "of sound German-Jewish stock, not of the Polish or Russian families that fill our clinics with hysterical and neurasthenic cases." Nevertheless it is stated that he "has always been nervous and easily perturbed, with a tendency to depression." He has lived most of his life in California, and from 1876 to 1902 in a district which is described as "malarial." While in this place he suffered from various forms of obscure illness, such as headache, legache, etc., which was supposed to be of masked malarial character, although no definite chill or fever had occurred. The inhabitants of this district frequently suffered from such obscure forms of illness, and both in his own case and in the case of many others quinine definitely relieved these symptoms. A mild form of "Raynaud's disease" has been present for seven or eight years, beginning soon after the malarial infection described.

The present complaint is stated to have begun in 1902, with constant indigestion and severe epigastric distress, lasting five or six months. During this time he first suffered from the main symptom, which has distressed him ever since, namely an intolerable itching of the whole body. No lesion of the skin has ever been present, no discoloration, no jaundice, and no hepatic colic. This condition was treated by means of lavage of the stomach, and the itching improved, but returned worse than ever with no recurrence of the digestive symptoms.

In 1903 he broke down nervously, partly from the loss of sleep caused by the itching. Many forms of local and of general treatment for the skin condition gave partial relief only, but no permanent change for the better. On coming under observation in 1905 the patient was in a state of general nervous depression, being unable to apply himself to work, with constant general itching, much worse at night, producing broken sleep. The condition on physical examination showed that the internal viscera were practically normal. It was noted that the urine had a peculiar port-wine hue, which was found definitely to be produced by the presence of urobilin, and the conclusion was arrived at that the urobilin was not derived through bilirubin, but directly from hæmoglobin, mainly on account of want of evidence of disturbance of the liver functions, the constant relation existing between the degree of hæmolysis and the amount of urobilin present, and the co-existence of "Raynaud's disease," in which hæmolysis is known to occur. The first blood examination mentioned showed: Hæmoglobin 58 per cent. (number of red blood cells not mentioned), leucocytes 19,000, lymphocytes 35 per cent., large mononuclears 4 per cent., transitionals 4 per cent., polymorphonuclears 42 per cent., eosinophiles 13 per cent.

There was pronounced degeneration of the red blood cells, and we understand from the sentence describing this degeneration that a number of degenerate forms of red blood cells were observed within the "erythrocytes." No evidence, however, was obtained of the presence of malarial parasites. The large eosinophile count is specially noticeable. Its significance, however, cannot be so easily appreciated.

Treatment was conducted from symptomatic indications, such as the presence of a few casts and a trace of albumen in the urine, the pruritus, and the defective state of the blood. The patient was, therefore, treated by the administration of

the tincture of the chloride of iron in increasing doses, an alkaline laxative (sulphate of magnesia), daily massage, and warm baths containing carbonate of sodium one night and starch solution the next. For the first few nights  $\frac{1}{100}$  gr. of atropin sulphate seemed to relieve the itching, but soon lost its effect. After a week or two small doses of Fowler's solution were ordered and given for about three weeks out of four during the whole of the treatment.

A gradual improvement followed this treatment, which was varied slightly later by the administration of iodide of potassium, by chloride of mercury in "alterative" doses, and by the use of sweat baths followed by a warm, gentle douche in the place of the alkaline and starch baths.

In October and November it was noted that the albumen had diminished and finally disappeared, and that the spectroscopic band of urobilin was fainter. The blood examination in November, 1905, showed distinct evidence of return towards normal, and before being sent home the colour index was 0.94, and the red and white count was practically normal. The eosinophile cells were still in excess, but had diminished to 6.3 per cent.

The authors claim that the interest of their case "lies in what appears to us a new symptom complex, and in the probable malarial origin of the disorders. It is the combination of these symptoms that is the important feature, for none of them are in themselves extraordinary, except the intense persistent general itching. This latter was, like the itching of icterus, universal, but far more severe and annoying than that of jaundice. The peculiar blood changes, although superficially resembling those of malaria, differed in presenting but one form of alteration in the corpuscles, and this form resistant to the stains which have affinity for the plasmodia. Nevertheless, we consider this degeneration due to the malarial poisoning, and productive of the urobilin in the circulation, to which in turn the itching is due."

J. G.

## QUARTERLY SURVEY OF DERMATOLOGICAL LITERATURE.

### ERYTHEMAS AND INFLAMMATIONS.

**Bullous Eruptions on the Skin in Central Affections of the Nervous System**, On (with literature). H. SCHLESINGER. (*Deutsch. med. Wochenschr.*, July 4th, 1907, No. 27, p. 1086.)

**Dermatitis, Diphtheritic**, due to true Diphtheria Bacilli. A. SCHUCHT. (*Archiv f. Derm. u. Syph.*, May, 1907, p. 105.)

**Dermatitis Exfoliativa** associated with Pulmonary Tuberculosis. J. BEARD. (*Liverpool Med.-Chirurg. Journ.*, July, 1907, p. 174.)

**Dermatitis Herpetiformis in Childhood**: Report of a Case in a Child aged 6 years. F. C. KNOWLES. (*Journ. of Cut. Dis.*, June, 1907, p. 247.)

**Erythema Annulare Recidivans**. C. BOHAČ. (*Archiv f. Derm. u. Syph.*, June, 1907, p. 257.)

**Erythema Nodosum, Arthritis** and. J. O. SYMES. (*Brit. Med. Journ.*, July 27th, 1907, p. 202.)

- Erythema Scarlatiniforme, Recurrent.** DUBREUILH. (*Ann. de Derm. et de Syph.*, April, 1907, p. 261.)
- Gangrene, Chronic Progressive, A Case of Rare.** Y. TSUTSUI. (*Archiv f. Derm. u. Syph.*, May, 1907, p. 219.)
- Hæmorrhagic Rashes (Bibliography).** G. PERNET. (*West London Med. Journ.*, July, 1907, p. 192.)
- Herpes in Meningitis Cerebrospinalis Epidemica, On (with literature).** HUGO EINHOEN. (*Wiener klin. Wochenschr.*, June 6th, 1907, No. 23, p. 700.)
- Herpes Recidivans Chronicus in Loco, On.** F. WESTBERG. (*Archiv f. Derm. u. Syph.*, May, 1907, p. 231.)
- Hydroa Æstivalis, On.** SCHOLTZ. (*Archiv f. Derm. u. Syph.*, May, 1907, p. 95.)
- Hydroa Vacciniiformis (Bazin).** WOLTERS. (*Derm. Zeitschr.*, May, 1907, p. 265.)
- Ichthyosis, A few Remarks on, with Report of a Case of Unusual Location.** R. H. BOOGS. (*Journ. of Cut. Dis.*, July, 1907, p. 296.)
- Lichen Nitidus: A New Nodular Eruption.** F. PINKUS. (*Archiv f. Derm. u. Syph.*, May, 1907, p. 11.)
- Lupus Erythematosus, General Review of Opinions on.** CIVATTE. (*Ann. de Derm. et de Syph.*, April, 1907, p. 263.)
- Œdema, Acute Circumscribed, Angio-neurotic, On a Case of.** G. ZUELZER. (*Archiv f. Derm. u. Syph.*, May, 1907, p. 361.)
- Œdema Cutis Facitium, A Case of.** HANS VÖBNER. (*Deutsch. med. Wochenschr.*, July 18th, 1907, No. 29, p. 1177.)
- Pemphigus Vegetans, Benign.** FERRAND. (*Ann. de Derm. et de Syph.*, April, 1907, p. 254.)
- Pemphigus Vulgaris, On.** A. SCHAWLOW. (*St. Petersburger med. Wochenschr.*, April 14th, 1907, p. 139.)
- Raynaud's Disease.** J. V. SHOEMAKER. (*New York Med. Journ.*, May 4th, 1907, p. 817.)
- Re-vaccination Appearances after Attacks of Fever.** NÄCKE. (*Münch. med. Wochenschr.*, No. 12, 1907, p. 573.)
- Sclerodermia.** FR. SCHMIDT. (*Archiv f. Derm. u. Syph.*, June, 1907, p. 125.)
- Sclerodermia, Two Cases of.** PINKUS. (*Derm. Zeitschr.*, July, 1907, p. 425.)
- Seborrhœa, Its Consequences and Treatment.** LESLIE ROBERTS. (*Liverpool Med.-Chirurg. Journ.*, July, 1907, p. 166.)
- Urticaria Arteficialis, On.** WINTERNITZ. (*Archiv f. Derm. u. Syph.*, May, 1907, p. 263.)
- Vaccinia Generalisata, On.** STEIN. (*Archiv f. Derm. u. Syph.*, May, 1907, p. 145.)

#### GRANULOMATA.

- Acrodermatoses of Scrofula, Hyperidrosis, and Granulosis Rubra Nasi.** H. G. ANTHONY. (*Journ. of Cut. Dis.*, June, 1907, p. 241.)
- Botryomycosis.** F. v. KRZYSZTAŁOWICZ. (*Monats. f. prakt. Derm.*, No. 12, 1907, p. 601.)
- Experimental Skin-tuberculosis in Apes, On.** R. KRAUS and S. GROSZ. (*Wien. klin. Wochenschr.*, June 27th, 1907, No. 26, p. 787.)
- Folliculitis and Peri-folliculitis, An Unusually Extensive; its Connection with the So-called Tuberculides.** W. B. TRIMBLE. (*Journ. of Cut. Dis.*, June, 1907, p. 256.)

- Frambœsia Tropica**, Spirochæta Pertenuis and the Clinical Picture of. SCHÜFFNER. (*Munch. med. Wochenschr.*, July 9th, 1907, p. 1364.)
- Glanders**, A Case of Acute (Laboratory Infection). E. HOKE. (*Prager med. Wochenschr.*, July 4th, 1907, No. 27, p. 351.)
- Lupus Vulgaris**, Eighty Cases of. W. K. WILLS. (*Bristol Med.-Chirurg. Journ.*, June, 1907, p. 127.)
- "**Miliary Lupoid**," A Case of Benign. M. OPIFICIUS. (*Archiv f. Derm. u. Syph.*, June, 1907, p. 239.)
- Pseudo-furunculosis Pyæmica**. C. KLEIN. (*Archiv f. Derm. u. Syph.*, June, 1907, p. 197.)
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## DERMATOLOGY AND ITS RELATIONS TO GENERAL MEDICINE.

*Annual Oration delivered to the Dermatological Society of Great Britain and  
Ireland, on May 22nd, 1907.*

By OSCAR LASSAR, M.D.,  
*Professor at the University of Berlin.*

ABOUT thirty years ago dermatology was a somewhat neglected branch of general medical science. In England, as well as in France, Austria and Germany, there were a few eminent men who cultivated this speciality, but the greater number of physicians and surgeons did not trouble about skin-diseases. There was no particular interest in them, and scarcely anyone studied them specially. The public had no opportunity of gaining confidence in the medical profession on this subject, and quacks flourished accordingly. But this has gradually changed, and the endeavours of many among us have succeeded in bringing about progress in pathology and therapeutics of skin-diseases.

You, my esteemed colleagues, have invited me to speak before you. You had the choice of far better men all over the world. But I understand that on this festival occasion you wanted somebody who had not only succeeded in getting some practice in curing and teaching, but who meanwhile had kept in close connection with the whole science of dermatology. Every thing and every person in the world has its own history, and I am no exception to the rule. Finishing my university studies just at a time when an unexpected change of views widened our prospect, I had the opportunity of becoming collaborator with several leading scholars. I was allowed

to work in the laboratories of Hoppe-Seyler and Salkowsky, the great physiological chemists. I studied with Virchow and Traube, became assistant of the renowned physiologist and discoverer of "Tast-Körper," Georg Meissner, and passed afterwards a triennium with Cohnheim, the famous pathologist and propagator of the modern theories of inflammation. There was an eminent staff of collaborators around our master at that time in Breslau: for instance, C. Weigert, Lichtheim, Litten, Ehrlich, Neisser, Brieger, Welch, now at Johns Hopkins, Salomonson of Copenhagen, and later Robert Koch, and at the same university Professor Heidenhain and Professor F. Cohn—a group of scientific intellects who have done much in building, reforming, and advancing science. This was certainly a fertile ground for medical instruction.

I had formed the plan to become an internal clinician. But, as often on this wonderful planet, fate resolved to alter my earthly course. So I found myself one day thirty years ago, in the beautiful month of May, a doctor for skin-diseases in Berlin. My friends smiled a little contemptuously: dermatology! Is it really worth considering? Is it worth working and living for? There are so few patients of this kind, they said, and even for them there is so little to do. You cannot help them much. That was indeed the case at that time. The whole equipment of the skin-specialist consisted of a block of paper and his pencil, with which to write prescriptions for about a dozen different ointments. They were used in succession; if the first did not help, the second was tried, and if that was of no use, the third was resorted to, and if all of them failed, the case was pronounced chronic. And now dermatology has become a mirror of the entire field of pathology. Within our domain lie the roots of many important progressive movements. The vivid and the bioscopical anatomy teach principles for all other tissues. The power of healing the suffering has increased and is still increasing greatly. The most interesting and learned methods, the most important questions have found their key in dermatological researches. To-day we are proud to call ourselves dermatologists, and one of the highest honours for a living man is to deliver the annual oration before the Dermatological Society of Great Britain and Ireland.

The greatest attraction in studying skin-troubles is the vivid picture of alteration presented by a field of study of enormous

variety, embracing diagnostical semi-similar and semi-different appearances of all kinds. On one side monotony, and on the other a sufficiency of most characteristic but changeable symptoms. For us, who know all that, and understand what the naked eye may show us, and are experienced observers, the chief interest begins in the etiological and in the microscopical work. There does not exist one single pathological alteration which will not show a special histological structure. Formerly we were taught to look for only cell-infiltration or signs of destruction. Nowadays we have learned to judge, even in difficult cases, more safely by microscopic study than by mere clinical experience. The reaction of tissues is generally about the same everywhere. Anybody who is well instructed in pathological histology of one organ may easily inform himself about the others. He has only to differentiate the typical normal tissue from the altered one, and he will find about the same differences under the same conditions. Especially is this so in inflammation. Only we must agree and come to terms about what we comprehend in this word. I should say that inflammation means the answer which a wounded part of the organism gives to an inadequate irritation. As far as the weakness and brevity of the hurtful influence on one side, and the strength or elasticity of the passive part on the other, permit, the effect rests within physiological limits. Everything of this kind depends on disposition, constitution, and on what occurs. These three factors are no empty words, granting that you conceive under "disposition" the state of an organ at the moment it is met by the attack of a lesion. "Constitution" means the greater or smaller quantity of personal powers fit to defend the body or its parts against injuries. Both together form the conditions when the noxious agent makes its appearance. The human skin offers the most obvious example for such consideration. By nature it shows great differences as far as innate constitution, age and habits have to be considered. There are, moreover, many physical and chemical circumstances increasing or enfeebling the resistance. The same outward events, therefore, may meet a quite different basis, and the multitude of occurrences is so great that numbers of quite different inflammations may take place. The limit consists chiefly in the small number of reactions the skin-tissue is capable of.

Two faults, or sources of error, lie behind us. Formerly a somewhat

paltry and pedantic symptomatology ruled alone along the whole line. Later on the so-called pathologico-anatomical basis seemed to become the only dominating direction. At present we have the etiological interpretation as the leading one. All three together are beginning to form a solid basis for the future. But for the understanding of inflammatory processes, the first question, principally in cutaneous cases, has to relate to the causal factor. At several congresses the question has been debated whether eczema is an infectious affection or not. One of the orators uses his eloquence to prove that in uncomplicated cases not one single microbe is to be found. The next declares that his observations show exact proof of the contrary. He demonstrates quite a quantity of slides full of cocci. In reality there is no real controversy. In the first case the character of the eczema depends on its exciting cause, in the latter case on the kind of complications. All sorts of affections generally called eczema are only a collection of different skin-inflammations. Their special physiognomy depends on origin, grade, and duration, exactly as with all other organs. But the same process has quite other characters in the kidney and the liver, in nervous organs, in all places remote from the surface. Inflamed skin is exposed to all surrounding influences. It is unnecessary to enumerate them. Besides, there is one extraordinary circumstance, a pathological peculiarity existing nowhere else. That is itching. Why do patients of every age, under equal circumstances, suffer so much from this singular sensation? Why do we never hear of itching in the lungs, throat, stomach or any other place but the skin and some allied spots of the mucous membranes? Because the papillæ do not exist elsewhere. They are the seat and point of attack. There is no itching where there are no papillæ. It seems to be nearly a specific energy of nerve endings, as in the sense organs, but a pathological one, widely different from every other sensible perception or impression. It produces immediately the desire to scratch, to dig into the flesh, to remove whatever causes the tickling sensation, to combat it with the natural weapons, the nails. They obey the excito-motory stimulation and perform motions independent of volition. These, indeed, strictly answer the purpose. But they show the incompleteness of Nature. Full of pathogenic germs, the human nails infect the smallest wound. Daily they prove innumerable times the fundamental truth of your grand old man's—Lord Lister's—discovery. A very great

part of the whole of hygiene as well as of all operative medicine depends on this simple fact. The nails are the bearers of organic poison, the transporters of many known and certainly still unknown complications. We cook our instruments to sterilisation. Unfortunately our nails do not admit of the same treatment. Nothing is able to prevent them from doing their pernicious work. So they transform the mildest inflammation into an impurity soon enough. Not a single eczema remains any time without being changed into an infectious one. The germs advance into the lymphatic vicinity. Imbibition, exudation, infiltration follow each other. A chronic state commences. Herein we see the most simple and common paradigm of self-infection and of auto-inoculation before us. In surgery we have to appreciate above all the principles of occlusion. In dermatology there exists no better remedy. Since we began bandaging each lesion of the surface or covering it with impermeable stuffs, the really successful treatment has been inaugurated. Prevention of the patient from covering himself with infectious wounds goes hand in hand with the therapy. And then comes cleanliness. It seems superfluous to speak about that theme in this country. But you know that a great number of our colleagues believe that water is to be kept away from the suffering skin. I myself never have been able to penetrate into the reason of this unwritten law. This ignorance gave me the courage to wash and to bathe my sick people and to clean them as often and as thoroughly as possible. Success did not elude me. Many thousands of patients felt relieved at once. They considered the bathing-tub a pleasure. All the organic adhesions are washed off. Resorption takes place and recovery begins. So we find ourselves on the same ground with other branches of medicine, depending on the simple fact that the utmost cleanliness, such as was not even imagined in old times, means at the same time the keeping off and destruction of pathological intruders. On the other hand the question of auto-intoxication is coming more and more to the front. All medical practitioners use the word. In general medicine there are, however, but a few examples showing what it means, while in dermatology there is no want of them. But science is only beginning to discover facts to substantiate its theories. Since Hebra's time the ruling idea has been that most cutaneous affections were only of a local character. This may be the case. Nevertheless the



influence of nutrition and metabolic assimilation upon development and involution of skin-troubles is existent. Take prurigo for example. The extraordinary likeness between ordinary itch and this formerly quite mysterious ailment, invited the search after the existence of a parasitic etiology. Many a case I have studied in this direction, but in vain. Of course there are bacteria in numbers to be found. Quite naturally, because they are everywhere and overwhelming in scratched parts of the itching surface. But they play only a secondary rôle. In reality prurigo has its origin within the digestive tube. It results from disorder in the bowels. Prurigo is observed oftener in Germany than in other countries I believe. But the same type is known everywhere. It attacks principally children from the first year of life and later, but adults too, are affected by itching rashes of a burning and exciting character. The outbreaks change; they come and go with more or less violence. They may even cease for a long while and make one believe that the attack is over. Suddenly it reappears without any intelligible reason. The exterior part of the limbs, face and back are chiefly affected, and the itching is increased at night in bed. The patient's bed and linen show traces of blood in the morning. The external scratching produces infiltration, pachydermia, eczema, and inflammation of the glands. By-and-bye leukæmia follows. The suffering person gets irritable, nervous, poor-blooded, and weak. Children are kept back in bodily development and growth, and grown-up people lose inclination for labour and enjoyment of life. All of them go down by-and-bye. In contemplating many of these cases under different circumstances and degrees you will find that hardly any one of them has a regular digestion; mostly they are constipated; very often the urine shows an overplus of indican. The abdomen is tumid and meteorism prevails. Urticaria occurs and wheals break out as after the bite of an insect. It is certainly a symptom of local intoxication, like a drug-exanthema. The swelling subsides, but the itching continues. It continues until we have reduced or removed the local hyperæmia and inflammation with tar treatment, by diaphoretics, or by altering the diet. Mineral waters, as Karlsbad and Kissingen, Marienbad and Neuenahr or Vichy, do a great deal of good. A very slight aperient treatment also acts well, pulvis liquiritiæ compositus for example, or rhubarb and similar drugs.

But the chief influence consists in promoting the peristaltic movement. Following a prescription of my friend the renowned Vienna clinical professor, Von Noorden, I have learned to give a regular and very useful diet. For breakfast the patients get hot potatoes cooked in their jacket and cold butter, fruits, if possible grapes. Besides, cranberries three times daily with the meals, Graham bread, cabbage and other vegetables are ordered, but not too much milk or other drinks. Children suffering from prurigo, after being weaned, must not be nourished with too much fluid. It is better that they should have a solid food in order to make their bowels act regularly. The result is appreciable: the eruptions appear less and less.

The same connection exists between digestion and acne. Torpidity of the bowels goes hand in hand with this disagreeable trouble of young people. Of course it is generally made worse by self-infection, by digging and pressing with nails of doubtful cleanliness. Thus pustules and lumps arise. We take them away by scaling cures, by medical soaps, and acid solutions. But they originate in weak digestion and bad fermentation, like prurigo. The effect of yeast proves that also. You know, perhaps, that I was the first to employ yeast systematically against boils—an old popular tradition. About the same time our esteemed colleague Dr. Brocq made a similar observation. Since that time, nearly ten years ago, quite an industry for conserving yeast has been founded. The use of yeast has become quite popular in Germany and France, and I presume in your country also. The good sense of the population has always pleaded for internal medicines and the prescription of a certain dietetic regimen. The theories of the so-called rational medicine formerly kept back the evolution of this branch of science, especially as concerns skin-diseases. In the middle of the last century, and later, the leading men had so much to do in sweeping away antiquated and obsolete medical opinions that a negative nihilism took place. The use of acrimony, once so general, found no further appreciation. In dermatology every eruption was judged only a local one. By-and-bye this began to change. Our opinions widen. More and more discoveries unveil truth. Let me cite one example. Diabetes causes plenty of skin-affections. Nearly all of them appear under other conditions also. But the overcharging with saccharum favours them. Take furunculosis for instance. No medical man ignores that in each

case of furuncle or abscess the urine should be examined. From the commencement of the anti-diabetic diet the purulent discharges diminish and cease. The original disorder continues. But with diminution of sugar the staphylococci lose their power and the furunculosis subsides. The reason is easily intelligible. Germs of this kind are very fond of sweet fostering-soils. Culture-work teaches this daily. Take the sugar out of the medium and the culture changes its character. The same happens within the human organism. Hence it is that anti-diabetic treatment gives the best results against diabetic furuncles. But every furunculosis is not dependent upon glycosuria. The majority are quite independent in this respect. But most people have a physiological abundance of combustible sugar within their tissues and vessels, enough at all events to nourish the schizomycetes. Long before I discovered the benefit of yeast in treating boils I ordered anti-diabetic diet in mild cases. I argued that, as well as the pathological excess, the physiological one of saccharum must promote the development of the intruding staphylococci. This idea proved to be correct. The influence of this diet was visible. It could master the evil by itself, and seemed to be an etiological indication for treatment. But elective measures of this kind may otherwise be supported by a collective therapy. Where possible this will be the most practical method. In furunculosis such a combined treatment proves rather effectual. Hot Karlsbad water in the morning, yeast in a fresh or conserved state, as furunculin or levinnurose, three times daily; arsenic drops or pills, or natural arsenical waters after the meals, and anti-diabetic diet form the daily *régime*. Moreover salt baths, not too weak, promote activity and resorption by the lymphatic system. Local application of Bier's sucking glasses, zinc-plaster covered with a hydrotherapeutic bandage of alumina acetica form the rest. This multitude of means is not at all superfluous. It gives the safety of healing and answers to quite a number of pathological conditions. We may say that every really specific treatment is to be supported by auxiliary efficientes.

There exists another cutaneous evil still, which affords a similar task; the intolerable pruritus of the sexual organs in both sexes. They are produced both in diabetical and in non-diabetic conditions. Their origin consists in microbic invasion under the epidermis, spreading in a kind of infectious lymphangitis, causing hyperæmia, tension,

burning and itching, complicated by scratching and rubbing, exaggerated by external irritants of different kinds. The patient feels relief by avoiding sugar, farinaceous food, beer and hydrocarbons. Then we must kill the organisms by bathing with hot soap and water, using antiseptics, and applying the chief anti-pruriginous medicaments—the tar or carbolised ointments. The combination of external and of internal therapeutics gives success in this as in many another difficult situation. The ideal of medical work is to destroy the *morbis causa* without injuring the tissue or the organism. Unfortunately only exceptionally do we succeed in this. One of our classical supports in this direction is the old remedy, arsenic. For a long time it has been esteemed as the only really efficacious medicament in dermatology. A great number of practitioners do not use anything else but prescriptions of arsenic as a symptomatic support. But its indications have become more distinct and far-reaching. Even the study of the action of arsenic is instructive as to the nature of heteroplasic neoformation. It is about eighteen years since I first applied arsenical treatment against cancroids, with striking and undoubtful success. This employment of arsenic is nearly as old as medicine, and it reaches centuries back. But in earlier times it was employed differently. Our ancestors gave it for inoperable tumours—incurable cases of a hopeless character. Now it is given in commencing lesions. In its early stage the tumour has not gained its later resistance. It is more delicate itself and may be attacked by medicamental influences which will fail afterwards. Every fresh cancrioid of the skin can be cured by the internal use of arsenic, given in the usual doses, and in the different manners generally used. Be it Fowler's solution, or arsenic acid in pills, or injection of natrium arsenicosum, the effect is the same. Involution begins at once, and it continues until complete disappearance is secured—forever as far as my experience reaches. Nothing is left but a slight trace, a scarcely visible scar or atrophy. But this experience cannot be generalised. Only a choice of cases may be brought under this category. Only those who come early enough under treatment are cured. People who arrive after a few months are too late. The roots of the cancrioid—and each epithelioma sends its visible roots into the bottom—are too firmly anchored. At this period arsenic proves too weak. The small

tumour, easily to be recognised under the microscope from an excised particle, must be treated with arsenic at the earliest period, at a time when it might be cut away at once and without any risk. In reality the bearers of such excrescences look for medical help only after the cutaneous cancer has existed for years. They believe it quite innocent and not at all important. And so do not a few medical observers. They give ointments and other quite indifferent things till the growth proves its true individuality. This should be avoided in skin-epithelioma. But it seems more difficult or even impossible in internal seats. There, likewise, the diagnosis comes too late. But what an enormous benefit it will be when once internal medicine will be taught by the proud and leading pathfinder—called dermatology. And there is no doubt that medical electricity will widely enlarge the power of visceral diagnosis in the future. Of course the practical value of arsenic treatment in small, still insignificant, skin-cancroids is not a high one. But the scientific significance is not to be depreciated. So we learn here for the first time that a possibility exists of curing a cancerous appearance without touching it with knife or caustic, to cure it with an ordinary anti-parasitical medicament. All of us know how violently the wrestling of opinions waves and undulates about the real nature of malignant tumours. We remark at particular spots a heterogeneal growth, possessed of the quality to wander all over the body and to form colonies of identical structure. Whilst infectious diseases of a bacteriological character excite reactions of the organs and their special tissue, the heteroplastic tumours preserve their original structure wherever they come—like an Englishman, who conserves his national character and qualities all over the world. But this migration of cells is effected by still unknown elements. The cell itself is influenced by an active element derived from the surroundings of the body. No cancer comes into existence except where a connection with the surface is possible. Most tumours rise from the skin and mucous membrane, from digestive, genital or uropoietical organs—less and less the further removed the region is from the surface. The pathological fructification of the preformed, perhaps weakened “cell-rest” cannot be conceived but as the consequence of an external influence. The indisputable coincidence of trauma and tumour corresponds to this opinion. Nobody knows to what kind of species the intruding element belongs. But it must exist. The

tubercle bacillus and cholera comma or *Spirochæte pallida* existed before their discovery. Experience and experiment showed the way long before the real malefactor and evil-doers were known. The possibility of curing slight skin-cancers by the internal use of arsenic is such an experiment, and gives a clear hint as to the most probable nature of malignant tumours.

Another hint of this kind may be obtained by the influence of radiology upon tumours. Until quite recently their treatment was purely surgical. Ten years ago no one among us would have dared to treat such cases otherwise than with the knife, a fact which nobody will deny, at least in the country of renowned operators. The patients alone would be quite satisfied to be cured by other methods. We were proud to know that cerebral tumours could be operated upon. But in the case of gumma cerebri everybody would prefer some doses of potassium iodi, to the most skilful, heroic and successful operator. Now comes the X-rays treatment and the wonderful radium. Before the Dermatological Society of Great Britain and Ireland it seems quite superfluous to praise the benefits of the Röntgen treatment, or the effect of the Curie's discovery. Here, as well as in Liverpool, in Scotland and in the Emerald Island, you have proved, as well as your Teutonic cousins on the other side of the Northern Sea, that tumours resolve under the X-ray tube as fog under the bright sun of a London spring. Surgeons believed it a sacrilege at first. "How may you venture"—they said—"you Röntgen people, to interfere with our empire, to disturb our circles? You will keep the patients under your pernicious care till the bistouri arrives too late." Wait a while! In a couple of weeks, after a short series of sessions, the skin cancers were healed out. And—what a wonderful progress—even the incurable cancer - wounds, left after operation, closed themselves. Whoever has attended to those miserable sufferers with ulcerated carcinoma, bleeding at every change of bandage, spreading putrid odours, crying day and night from pain and sore (silenced only for a few hours by morphine) knows what little help there was in former days. Even now you cannot save their life nor restore their health. Metastatic recidives are growing everywhere and devour the powers of life. But the poor creatures live without those piercing pains, and the end of their miserable life is comforted and relieved

to an extent nobody dreamed of at the beginning of this happy century. That is a triumph of dermatology and gives it a new relation to the other branches of general medicine.

But it is not the only one. There are still other medical tools which were first applied in skin-diseases, and after approval have been used in other illnesses too. Let me name Atoxyl or Meta-Arsen-Säure-Anilid. I applied it first in *Lichen ruber* and found it wonderfully active, a real specific. The same was the case in Duhring's disease, some kinds of pemphigus, in Xanthoma diabeticorum, and warts. Not all affections, which are well influenced by arsenic, disappear under atoxyl. There is a difference in them. Undoubtedly not only the arsenic is active, but the anilin. That has not yet been cleared up. But you know that atoxyl has been used by English physicians against trypanosoma, and that our Robert Koch has noted the same effect in hundreds and hundreds of cases. This gave me another idea. If—as it seems to be—the spirochæte of Schaudinn is really the cause of syphilis—a protozoon as well as the trypanosoma, then atoxyl might be of use against syphilis. Accordingly, in November, 1906, I began to inject about fifty patients, for six weeks each, with the maximum doses of atoxyl, but without any visible effect. Some symptoms disappeared, others remained, while others arose. Hence I was persuaded that either atoxyl did not kill the spirochæte or that this organism was not the source of the infection. Since then my own first opinion has received unexpected support. Dr. Salmon, Metschnikoff's collaborator at the Pasteur Institution, without knowing about my researches, has injected relatively enormous doses of atoxyl. And under their influence the syphilitic symptoms have disappeared as quickly as after the strongest mercurial solutions or inunctions, though this observation requires further corroboration. Still it may be safely asserted that in atoxyl we have found a third remedy against syphilis besides mercury and the iodides. Introduced by dermatologists, employed by the representatives of internal medicine, it re-enters into our dominion richly loaded with new gifts. This kind of relation between the different branches of medicine, full of life and success, of mutual acknowledgment, gives satisfaction for the past and hope for the future!

There are still many other relations between the speciality represented by this learned Society and other branches of medicine.

It is impossible to treat them all within the short hour at my disposal. But one interesting fact occurs to my memory. It is some years ago since at the International Congress on Tuberculosis, held in this hospitable London, Koch delivered his speech on bovine infection, which he denied. When I heard of this communication I asked myself: What about the butchers? I had seen butcher's tuberculosis affecting the hands and arms, and never doubted that it was due to bovine tuberculosis. Now I went through my journals and found that the cases were only exceptional. Among over 100,000 patients, seen in the space of ten years, I found about 34 cases of Tuberculosis verrucosa cutis, and amongst them only four butchers. Formerly no special attention had been paid to this fact. Perhaps one or the other of my assistants had not noted it particularly. But at all events it seemed necessary to review the matter from another side. I went to the slaughter-house of Berlin and examined all the officials and the butchers employed there. To be short, I found out that while in other classes of the population not more than 3 in 10,000 showed signs of cutaneous Tuberculosis verrucosa, there were nearly 3 per cent. of this kind among the people of the abattoir. The highest percentage was amongst those men who have to do with tuberculous meat, in microscopical work or in stamping it. All of them are stout, well-fed figures of vigorous frame. In not one of them was a trace of general tuberculosis to be remarked, only that slight purely local symptom had developed. The explanation is not difficult. First, predisposition was not existent. Mankind is not inclined to get infected by bovine tuberculosis, and moreover the virulence of the germs is greatly diminished after death. Strong though it be, it is only virulent within the circulation of living bodies. The same we observe everywhere. The warts which medical students acquire from cadavers seem to be quite innocent. Hospital nurses directly infected by sputum rarely get general disease. I have seen several cases of this kind, but not one developed consumption. Probably there exists still another factor. Under certain circumstances tuberculosis obtains the power of immunity. We see this daily in Lupus vulgaris. Nobody doubts any longer that this forms only a variety of tuberculosis. But how do people get it? The majority of all lupus patients are children. Among them about three quarters get inoculated at the nostrils or at prominent places



of the face. Naturally, because children have the bad habit of picking the edge of the nostrils with their nails. Some scratch themselves or are slightly wounded elsewhere accidentally. If there is a single person in the family or household spitting bacilli, the children inevitably pick them up with their nails, and readily inoculate themselves and lupus results. This occurrence teaches that the consequences of infection are different. The evil increases by-and-bye. It lasts for years and decades. But only a few of the patients become consumptive. On the other hand, lupus acts like a preventive inoculation. The reception of weakened virus, implanted into the weakly vascularised part of the rete, growing quite slowly year by year, forms an evident antagonist to a general infection. I am sure that the serum of lupus patients must contain that remedy against tuberculosis which we have sought for so long. There is still another point where general medicine and dermatology come together in the theory of tuberculosis. At first the famous tuberculin of Robert Koch acts positively against *Tuberculosis fungosa cutis*. This is the only form of the disease where we may obtain safe results. Even this experience has been the source of the fatal deception, in everybody's memory to-day. Perhaps it will interest you to learn how I discovered the reason of this therapeutic error. At the time when the great scientist wished to prove the new remedy in practice, his scientific assistants looked for apt cases. Some of them asked me for such cases, without betraying the secret. Amongst others I included a woman, covered nearly over the whole body with giant eruptions of *Tuberculosis fungosa*. She was treated with tuberculin injections. They produced a huge reaction, and all the ulcerations healed. But this was only one single case. In all the others the reaction was produced, but the healing did not follow. Since then I have cured over a dozen similar cases with tuberculin—but all of them were of the fungoid type; not one was ordinary lupus or any other kind of tuberculosis. Perhaps one or other amongst my auditors has worked with hetol. This medicament is a kind of Zimmet-Esther, derived from Peruvian balsam—introduced by Professor Landerer, who died at the early age of fifty some years ago, just at a time when he was going to finish his experiments. It is generally known what a magnificent influence Peru balsam has in the cure of wounds and ulcers.

Landerer stated that this happened also in tuberculous ulcers. Now I have had the chance to cure some persons with hetol under peculiar circumstances. They suffered from tuberculosis of both testes. The first of them was a strong master carpenter of 35 years, a happy married man, in his prime—not at all inclined to lose his two testicles in one operation. And this had been the only advice to be had before. I gave him a series of hetol injections and he has remained cured for more than four years. A like observation was made in a case of tuberculosis of the tongue, incurable without this remedy. I am convinced that more and more experiences of a similar kind will be taught to internal as well as external medicine by our special branch of science and art. This hope is founded in what we did in radiology. All the victories of Finsen and Röntgen, Lord Ramsay and Curie belong to us. We have been the first and most successful in using them for the benefit of mankind. I shall not describe all the details.

There is no dermatologist in this or any other country who does not know these facts. But what a satisfaction it is to use the celestial gifts of light, the rays of electricity directly or in modified form, the emanation of the precious element radium. We cure growths and evils with it which no medical procedure could heal, and not always the knife. Never in all my life have I felt such a deep satisfaction as when I saw cancers go back under X-ray treatment. We know the cruel end to life which those poor women expect, operated on for mammary cancers and attacked by relapses. No power in the world was able to mitigate their dreadful pains, or to stop, even for a day, the putrid decay of the tissues. Now we are quite sure to stop the evil for a while. We cannot cure many of the poor sufferers, because generalisation has taken place long before they seek our help. But Röntgen rays heal the intolerable wounds, the pains disappear, the general state of health improves wonderfully, and weight increases by many pounds. The patients would probably recover if the irradiation was not only a local one, but could check the general evolution of daughter-tumours as well. Besides pure skin-cancers excellent results are to be got from radio-therapeutics in Paget's disease of the nipple.

To be sure, within the whole province of medicine there is no branch better suited for research than dermatology. It touches at

each of its frontiers another dominion. But this is a friendly neighbourhood. The dermatologist must be a good histologist, a perfect anatomist with regard to syphilis—because there is no spot from top to bottom, no organ or system in the body without relation to this classical invasion. The hygiene of the external surface, ordinary and medical baths, hardening against temperature, bring us into relation with physiology. In the same sense we have to do with general prophylaxis as far as barbers' shops, hair-dressers, servants, factories, mills and other establishments are concerned; our interest extends to all kinds of human doings, because the relations of ordinary human life and occupation throw their effects firstly and principally upon the outer surface. There is also the sad and perhaps insoluble question of venereal poisoning. Leprosy and tumours, infection and traumatism—there is hardly any chapter of medicine from pharmacology to mental diseases, from embryology to the most refined questions of therapy into which dermatology does not extend. It gives a mirror of the whole mother-science and sends its own illuminating reflections to general medical wisdom. That is our honour and our pride, that gives us a place right among all the other leaders, and courage for our further work.

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## NOTES ON THE MEETINGS OF THE DERMATOLOGICAL SOCIETY OF LONDON FROM 1882 TO 1894.

By T. COLCOTT FOX, M.B., F.R.C.P.

(Continued from page 328.)

NINETY-SECOND MEETING, OCTOBER 14TH, 1891.

CHAIRMAN, DR. McCALL ANDERSON.

Mr. MORRANT BAKER. *A case for diagnosis.* A woman, aged 23 years, with a uniform, solid, nodular, itchy eruption, looking like new growths, disseminated thickly over the arms and legs, the neck, and shoulders—the size of a pea or split-pea—almost the same colour as the skin; duration three years. It was noticed that a wheal could be excited on the skin by irritation, and it was suggested that the case was really one of urticaria, persistent and hypertrophic.

See drawings in St. Bartholomew's Museum and Royal College of Surgeons of England.

Dr. PAYNE. *Case for diagnosis.* A woman, aged 23 years, with a congestive macule, scaling slightly, the size of the thumb-nail, and of one year's duration. It was of slow evolution; persistent. ? Lupus erythematosus.

Dr. CROCKER. (1) *A case of prurigo* in a boy, aged 7 years. It began only one year before.

*Vide Atlas, Plate VII.*

(2) *A case of Lichen scrofulosorum* in a boy, aged 10 years, with a relapse of six months' duration. The total duration of the malady was 5 years. The eruption was not grouped as usual, but was most copious and thickly disseminated over the trunk. The boy had scrofulous lesions of the eyes, glands, etc.

(3) *Rhinophyma* in a man, aged 64 years. Duration seven to eight years.

*Vide Atlas, Plate LXXXV.*

Dr. PRINGLE. *A case of elephantiasis* of the legs in a man, aged 50 years, of seven years' standing. The patient had suffered severely from syphilis. In addition, many large, hard tumours were present, differently diagnosed as lymphangiomata or keloids. Microscopic examination was suggested as the only means of solving the difficulty.

Dr. FOX. (1) *A very severe and extensive case of acne varioliformis; ? syphilitic, ? tuberculous*, in a man, aged 60 years. The duration was thirty-four years. The lesions were shotty, deep-seated nodules, almost better felt than seen, which became necrosed, and a brown scab covering a deep depression in the skin was formed. Numerous lesions occurred on the scalp, forehead, temples, face, neck, trunk (back and front), down to waist and loins. There were also some large pea-sized nodules necrosing in a similar manner, also a group on the right elbow flexure, quite indistinguishable from tubercular syphilides; and, again, subcutaneous nodules (? gummata) of the left thigh. The latter, and the group on the elbow, had disappeared under pot. iodid. The man had considerable basic destruction of the lung.

*Note.*—He had long been a patient at Brompton Consumption Hospital, under Dr. Acland.

(2) *A case of sclerodermia* in a girl, aged 13 years (E. D—). The

family history was good ; personal history also good. She had had measles and pertussis four years before. History of present condition : She was quite well up to eleven weeks before, when she was seized with what her mother described as low fever, pain in head, profuse sweating, nocturnal delirium, and loss of appetite. Three weeks later she had a fit, and was insensible for some time. She slept after the fit for two and a half hours. On waking up she was found to have lost the use of her arms and to have hard swelling of the arms, chest, neck, head, and face ; she complained of pain in the head and anorexia. There was slight nocturnal delirium. Six weeks ago she was admitted to hospital. Condition on admission, August 31st : Swelling and extreme hardness of skin of upper part of body as far as the tenth rib ; no pain. Patient could not move her face, nor open her mouth, nor protrude her tongue. There was slight stiffness about legs, especially the right leg. (Temperature normal.) On September 9th the hardening had spread down the arms and to the abdomen (temperature normal), the swelling gradually subsiding at first, under fomentations, and later massage. The general health was improving, the headache gone, and the appetite good.

(3) Drawings and a model of a case of *Mycosis fungoides*.

#### NINETY-THIRD MEETING, NOVEMBER 11TH, 1891.

Mr. CRIPPS. (1) *A case of secondary syphilide and Tinea versicolor*, the areas occupied by the latter being free from syphilides.

(2) *Acne of the back and chest* in a stoker.

(3) *An old man with severe eczematous and ecthymatous condition of the hands and forearms, and with pustular folliculitis of the beard.*

Mr. SHEILD. (1) *A case for diagnosis.* An old woman who had suffered from universal dermatitis for twenty years, a granulomatous (or sarcomatous) growth on the right mamma having developed about twelve months before. (Diagnosis: *Mycosis fungoides*, and treatment recommended, excision of the growth.)

*Vide* December 9th, 1891.

(2) *A case of severe and rapid lupus* of the nose and soft palate of a boy.

See January 13th, 1892.

Dr. PERRY. *A case for diagnosis.* A fungating mass on the left

side of the neck of an old man, who had some general folliculitis of hairy portions of the face. Diagnosis, probably tinea.

Dr. STEPHEN MACKENZIE. (1) A woman, aged 52 years, with *nodular infiltration of the skin* and subcutaneous tissue in the neighbourhood of the left elbow, of eighteen months' duration. No one present had observed a similar case, and the greatest difference of opinion existed as to its nature. It was suggested that it might be the form of *Mycosis fungoides* characterised by the formation of neoplasms *d'emblée*.

See January 13th, 1892.

(2) A boy, aged 18 years, with a *universal erythrodermia* and enlargement of lymphatic glands, some of which had suppurated; also liable to attacks of acute erythrodermia, with high fever. He had a penile calculus. The lad was stunted in growth, somewhat cretinoid in appearance, and his thyroid generally thought to be atrophied. He was also excessively fat. All the symptoms dated from a bathing four years before. The subsequent condition varied a good deal. He died eventually from marasmus, the eruption lasting till death. The post-mortem did not reveal any definite changes, the thyroid being about the natural size.

(3) *A case of dermatitis* in a circular band round the wrist of a girl, caused by some constricting band.

Mr. MORRIS. (1) *A case of Xanthoma diabeticorum* in a short man, aged 27 years.

December 9th, 1891, and *Brit. Journ. Derm.*, August, 1892.

(2) *Case for diagnosis*. Middle-aged woman with cured Lupus erythematosus on the nose. On the trunk and neck was a papular and peculiarly-stippled pigmented condition of skin, possibly due to arsenic, which she had taken in large quantities for a prolonged period.

Dr. CROCKER. (1) *A case of commencing angio-keratoma?* on the feet of a girl suffering from chilblains. It did not develop into angio-keratoma, but chronic ulcers formed on the toes and dorsum of the right foot. The feet were always icy cold.

(2) *A case of rapid or malignant syphilis* in a young man, aged 26 years, suffering also from Tinea versicolor, the lesions not affecting the versicolor patches. The syphilis was of two years' duration.

Dr. FOX. *A case of ? Lichen ruber* of six years' duration, with

remarkable symmetry. Many members expressed the opinion that the case was one of psoriasis modified by treatment.

Dr. PRINGLE. A boy, aged 3 years, with very numerous *verrucae lupus* patches of six months' duration, most abundant in psoriasis positions, and with much scaling (Lupus-psoriasis of Hutchinson).

NINETY-FOURTH MEETING, DECEMBER 9TH, 1891.

CHAIRMAN, DR. CAVAFY.

Mr. MORRIS. His case of *Xanthoma diabeticorum* shown at the last meeting had undergone marked changes as the glycosuria improved. The yellow tint had left the papules, except on the elbows, and the flattened eruption now was grouped, and its appearance bore a striking likeness to Lichen planus.

Dr. CAVAFY. A young woman, aged 24 years, with discrete rounded small nodules or large papules distributed over the backs of the hands and fingers, and slightly on the palmar aspect of the fingers. Some threatened pustulation or vesiculation. Some ran an acute course, others persisted a long time. No scars were left; there was no sugar or albumen. She had chilblains on the feet and hands occasionally, and the hands were cold. This was the third attack, and she had one each year, but they were becoming more severe and extended. Diagnosis? not Erythema iris, not chilblains.

*Brit. Journ. Derm.*, January, 1892.

Mr. ANDERSON. A bright-complexioned boy, aged 12½ years, with ordinary *psoriasis* intermixed with patches of keloid. The keloid had existed two years, and the boy stated that the keloid replaced psoriasis spots. The keloid (which was illustrated by microscopical specimens) was remarkable. It presented distinct, raised, unmistakable nodules on the back and corymbose grouped macular specks (like scars left by zoster) distributed about the trunk and limbs. The vaccination marks were not keloidal.

Also May 10th, 1893.

*Note.*—See *Brit. Journ. Derm.*, 1894, p. 332, Case 1.

Dr. PERRY. A boy, aged 6½ years, with *Lupus vulgaris*, simulating psoriasis on the elbows, one more advanced than the other. There were no satellite nodules.

Mr. MORRIS. (1) A male infant, aged 12 months, with a very

copious miliary *red papular eruption* over the face, trunk, and limbs. The papules were smooth, shiny, and flat-topped, some being umbilicate. Mixed with them were urticarial wheals set up, the mother said, by scratching. Big vesicles or bullæ appeared on the palms. It began at two months old. Diagnosis: *Lichen planus infantum*, or *Lichen urticatus*.

(2) A girl, aged 21 years, with *Lichen planus*. She was not in good health. On the legs the copious eruption had become confluent into irregular psoriasiform patches of a brownish hue (very little scaling). On the arms the eruption was much finer and follicular, leaving little atrophic pits. The duration was four months. It commenced on the tongue, where were pits. The itching was always severe.

(3) A man with *inveterate eczema*? of the face, arms, and abdomen, where it was wonderfully symmetrical, like some cases of psoriasis. The whole was engrafted on xeroderma?

Mr. SHEILD. A man, aged 34 years, whose elbow (extensor surface) had been for nine months the site of firm, thick, diffuse infiltration, involving all the thickness of the skin, apparently a new growth. The area was of a coppery-red colour very like a syphilide. It began as a small nodule. Diagnosis: ?syphilis, tuberculosis, carcinoma.

Dr. CROCKER. A youth, aged 17½ years, illustrating the early stage of *Pityriasis rosea*. Duration less than twenty-four hours. There were a few disseminated rosy spots, varying in size from a pin's head to split-pea, and also one or two oval, slightly scaly, macules, larger than the thumb-nail, much like *Eczema seborrhoicum*.

Mr. CRIPPS. *Case of circinate seborrhœa of the trunk.*

#### NINETY-FIFTH MEETING, JANUARY 13TH, 1892.

CHAIRMAN, MR. A. M. SHIELD.

Dr. FOX. *Indolent ringed eruption* in an adult male, occupying the legs on both surfaces, the buttocks, and the bend of the left arm. Some rings were bigger than the palm, and they were nearly all that size. The duration was three months. It was not itchy and left no scarring. The centres were pigmented and healed, the borders were



broad, raised, and slightly scaly. Diagnosis: chronic erythema? too indolent; site against it. ? Psoriasis: situations and appearance not characteristic, and no history of former attacks; rings all the same age. ? Syphilis: no history; no scars; not lupus. ? Tinea thrichophytina: cannot find fungus, no ringworm in house.

*Note.*—This case was under Dr. Fox's care at irregular intervals for a year, and had been very resistant to local stimulants and anti-syphilitic internal remedies. He believed it was a syphilide.

Dr. CROCKER. (1) A porter, aged 35 years, who carried closed boxes of artificial flowers, felt ill with headache and general pains on Sunday, and on Monday acute bullæ (pemphigoid, unilocular) appeared on the backs of the fingers and especially down the clefts of the fingers, mostly on one hand. There was no itching. It was the first attack.

(2) A man, aged 35 years, rather deaf (? congenital), who eleven years before had some leucodermic patches on the general surface and patches of white hair in the scalp (five months). He had Retinitis pigmentosa and Alopecia areata of the scalp and moustache. The hair over the patch in the moustache was white (not newly-grown hair).

(3) Man, aged 54 years, with *horny growths on ears* of a year's duration.

Mr. SHEILD. Result of treatment in case of *Lupus* previously shown on November 11th, 1891. Palate seared with galvano-cautery, but still much diseased. Nose showed recurring lesions.

Dr. CAVAFY. *Hardish infiltration and enlargement* of the right side of the upper lip, and above this three or four smooth, coppery, shiny nodules, the size of a split-pea. The duration was three years without change. The general opinion favoured the diagnosis of syphilis.

See February 10th, 1892.

Dr. DUFFIN. A boy, aged 5 years, with *Pemphigus*? The buttocks were covered with ecthyma-like lesions, and others were sparsely dotted on the hands, backs of the ears, nose, etc. None were typical of pemphigus. Some of the nails were diseased. The mother said he had never been free since vaccination at three and a half months.

See February 10th, 1892.

Sir DYCE DUCKWORTH. *Miliary corymbose syphilide* in a pallid lad, aged 18 years, with a scar on the penis and some general adenitis.

The eruption had faded, but had left stains and scars. The pattern was distinct, mostly on the limbs and trunk, but the temples were pitted.

Dr. STOWERS. (1) *Lymphangitis* of the face of a woman, aged 26 years, with persistent moderate œdema. It began on the left cheek and gradually involved whole face, and started from a sore nose. She has had one attack each winter for eight years.

(2) A man, aged 26 years, with *rodent ulcer* of left temple. The typical characteristics were greatly lost as the patch had been scraped three times, but at one border was a characteristic smooth, shiny, cartilaginous-like, rolled edge. The duration was six years.

See February 8th, 1893.

Dr. MACKENZIE. A woman shown last November with a *localised induration of the arm*, who had been taking potassium iodide, and as a result the swelling had completely gone. A menthol liniment had been used. It subsequently relapsed into a practically identical condition. Did not improve the second time with potassium iodide. Still present November, 1894. Nature undetermined, but probably chronic inflammation.

Dr. CROCKER. Drawings of *bromide eruption in a child*; *pigmented mole of arm, ulcerating*; *white mole on child's temple*; *Mycosis fungoides*, described to Clinical Society, 1892, by Dr. Pye-Smith.

*Microscopical specimens of hairs from moustache with nodules attached.* Mr. Morris identified it as the affection described by himself and Dr. Cheadle in *Lancet* (*Tinea nodosa*).

#### NINETY-SIXTH MEETING, FEBRUARY 10TH, 1892.

CHAIRMAN, DR. BROOKE (OF MANCHESTER).

Dr. CROCKER for Mr. JOHNSON SMITH. (1) *Case of ainhum* affecting the right little toe in a negro from Jamaica. The duration was seven months. It was very painful.

(2) *Multiple lupus* in a boy, aged 10 years. Duration two years.

See February 14th, 1894.

Dr. PRINGLE. *Disease of the chin for diagnosis* in a man, aged 45 years. The duration of the lesions was six months. Diagnosis: ? Syphilis, tuberculosis, or trichophytosis. After repeated investigation trichophyton fungus was found.

Dr. Fox. *Tuberculosis* ? of the lower third of the forearm (extensor surface) in a man, aged 82 years. The duration was three to four months. The lesion was an annular patch the size of the palm, with the centre healed and ? faintly scarred, and the border infiltrated, violaceous, nodular, in places suppurating, and surmounted by a papillomatous condition.

See *Brit. Journ. Derm.*, vol. iv, 1892, p. 161 (four cases of senile tuberculosis).

Mr. ANDERSON. *Specimen of Burmese tattooing.*

Mr. CRIPPS. (1) *Lupus erythematosus* in a girl, aged 16 years; duration six months. It was a most striking "butterfly" case, the lesions being very superficial pink, congested with some little isolated discs at the margin. The backs of the fingers were also affected.

(2) *Remarkably copious syphilide* of four months' duration in a woman, aged 44 years; adenitis of the neck; one very large glandular mass under the right jaw; a hoarse voice and iritis. The syphilide was multiform—*i. e.* it was mainly of the small papular pattern, many lesions flattening down and being indistinguishable from Lichen planus, except in not being angular. Others were of the miliary form in little groups, and many were of both varieties with a follicle in the centre, *from which in some places projected a little spine*; a few tended to vesiculate and pustulate.

Dr. Fox. *Lupus of the face* in a woman, aged 42 years. The lesion was a patch of smooth, brownish, red, split-pea nodules, the size of the palm, over the left angle of the jaw: the duration, she said, was twelve months only, but in the centre was a scar of an abscess, which formed at three years old, and on the right neck were two other ugly scars. The case was brought to illustrate the origin of lupus from tuberculous glands.

Dr. PAYNE. *Case of total alopecia* in a little girl, aged 7 years. The hair came off in patches a year and ten months before, and all fell in eighteen months.

Mr. SHEILD. An infant, with several crusts on the head and about the genitals and thighs and several flat opaque bullæ. Diagnosis: ? local infection (*Impetigo contagiosa*, or syphilis).

Mr. MORRIS. *Case of Lupus erythematosus* of the scalp and hands, with patches on the occiput, vertex, and temples and meatus of ears, also on the backs of fingers, especially round the nails.

Dr. DUFFIN. *Case of pemphigus* shown at last meeting. Bullæ had been observed.

Mr. ANDERSON. *Congenital leucoderma* in a female, aged 25 years, photograph of, leucodermatous patches symmetrical and following the lines of nerve distribution. Pigmentation of adjacent parts greatly increased.

Dr. FOX. *Acneiform eruption of back and chest and chin in an infant*, drawing of. William N—, aged 13 months, presents in a triangle between the shoulders and extending down towards the middle of the back—a distribution affected by Wilson's *Lichen annulatus*—a multitude of comedones, which have become crowded and confluent into a raised plaque by the formation of congested bases and secondary inflammatory and pustular acneiform lesions. On the upper chest is a large central patch, and beneath the chin another, suggesting contagion by contact of the two surfaces. The comedones began to form on the trunk four months ago, and on the chin two months since.

*Note.*—Dr. Wallace Beatty has photographed a very similar condition, and Dr. Phineas Abraham mentions cases (*Clinical Journal*, February 8th, 1899). Dr. E. C. Perry also brought a case to the Dermatological Society, and calls it a poultice-rash, but I have no record of such a cause in my case.

*Tuberculosis of arm.* A woman with extensive *Lupus vulgaris* of the forearm, with secondary infection of the lymphatics up the inner side of the arm, with the formation of an abscess above the elbow, and a firm, round cord the size of a goose-quill, which also suppurated. No glandular mischief was detected in axilla.

*Note.*—Dr. Fox had seen this patient frequently in later years, and no further infection took place.

#### NINETY-SEVENTH MEETING, MARCH 9TH, 1892.

CHAIRMAN, MR. MALCOLM MORRIS.

Mr. MORRIS. (1) *A case of lupus of the face and leg*, with elephantiasis of latter. The patient was a man, aged 42 years, The disease began at the age of five years.

(2) A woman, aged 40 years, with *chronic dermatitis* of the back of the right hand, of three years' duration, probably tubercular.

Dr. CROCKER. (1) *A case of severe acne of buttocks and legs* in a man, aged 43 years. No traceable cause.

(2) *A case of Erythema iris* in a man, aged 24 years, who had several previous attacks. He also presented a peculiar milium-like eruption (? plane warts), which had existed as long as he could remember.

Dr. PERRY. (1) *A case of acute psoriasis* in a very healthy-looking lad, aged 14 years.

(2) *A case of Lupus erythematosus* in a female, aged 28 years, of nine months' duration.

(3) *A case of bromide rash*, severe, in a child, aged 12 months, who had been taking medicine for six weeks, the duration of the disease being five weeks.

Dr. STEPHEN MACKENZIE. *A rare syphilide of the face in a middle-aged woman.*

Dr. FOX. *A case of Acne scrofulosorum*, a minute papulo-pustular scrofulide in a boy.

Dr. PRINGLE. (1) *A case of eczema of palms and soles*, the elementary lesions of which, in arrangement and appearance, closely resembled Lichen planus.

(2) *A case of acute Lichen ruber acuminatus (planus et pilaris)* in a man, aged 38 years, of six weeks' duration. On the arms and neck the patterning and general characters of the rash were those of a fading Lichen planus. The lesions on the trunk were all follicular, and surrounded hair-follicles, while from others *hard spines* of inspissated sebum (as subsequently verified by microscopical examination) protruded.

See April 13th, 1893, No. 1205.

(3) *A case of Lupus erythematosus* in a woman, aged 43 years. The disease was of fifteen years' duration; had resisted all treatment. The point of interest was that some of the lesions on the arms, especially about the elbows, were so scaly as closely to resemble those of psoriasis.

Dr. CROCKER. (1) *Erythema ab igne*. (2) Microscopical specimens of so-called "hair-eaters."

(To be continued.)

## CURRENT LITERATURE.

**THE HISTOLOGY OF LICHEN RUBER VERRUCOSUS. M. E. POLANO.** (*Derm. Zeitschr.*, February, 1907, p. 101.)

THE patient was 20 years of age, and the present attack was said to have come on suddenly. The most unusual appearance in the sections was the presence of all stages of mitotic nuclear division without cell division. As many as five or six nuclei, sometimes joined by protoplasmic filaments, were present in a single cell. But the cell division was an interrupted or incomplete process, inasmuch as the cell-body was undivided, although the nucleus had divided over and over again. An examination of other Lichen ruber preparations in the Ehrmann collection showed in some a certain amount of similar epithelial mitoses, but never to so great an extent. The cells with many nuclei were mostly present in largest numbers in the upper layers of the stratum spinosum and stratum granulosum, less abundantly in the stratum germinativum. The number of mitoses was greatest in the recent efflorescences.

The infiltrating cells were chiefly connective-tissue cells and mononuclear leucocytes, with a certain number of polynuclear cells. Mast-cells were present in large numbers, plasma-cells less frequently. In connection with pigment changes it was noticeable that no trace of pigment was present when degenerative processes were most marked.

J. L. B.

**PECULIAR BEHAVIOUR OF A TRANSPLANTED ICHTHYOTIC PORTION OF SKIN. ERNEST EITNER.** (*Monats. f. prakt. Derm.*, March 15th, 1907, p. 271.)

THE patient was a waiter, aged 24 years, who suffered from ichthyosis, but this never gave him any trouble, nor was there any similar disease known among the members of his family. Ten years before, as the result of an accident, a phlegmonous affection of the right leg above and below the ankle had developed, with maximum intensity in the neighbourhood of the outer malleolus. An ulcer developed at this point, and only healed up very slowly. A Thiersch transplantation was undertaken to hasten healing, two grafts being taken, one from the extensor surface of each thigh, and applied to the wound. When admitted to the hospital in July, 1906, the skin of the abdominal region showed in places typical Ichthyosis nitida, and the extensor surface of the upper and lower extremities showed a moderate degree of the same affection, the skin being almost hairless, and the separate follicles changed into pitted, pale, atrophic scars. The dorsum of the left foot and outer malleolus region were smooth and dry, but not scaly. Both thighs showed softish scars, about a finger's length and two fingers' breadth, with striæ at right angles to the long axis of the limb. The epithelium covering them was normal, and showed no signs of increase of the ichthyotic process. These scars corresponded to the places from which the Thiersch grafts had been removed.

Over the outer malleolus of the right foot was a portion of skin, the size of a thaler, covered with scales two millimetres in thickness, hard, firmly fixed, dirty grey, and crossed by deep grooves. A similar place appeared on the dorsum of the right foot. The lateral portion of the same consisted of a livid scar, the

epidermis being quite smooth, only the central part, corresponding to the Thiersch graft, having thickened epithelium like the place over the malleolus. These two places corresponded to the transplanted portions of skin taken from the thigh, and were the only two places showing definite Ichthyosis hystrix, the rest of the scar which had healed over of itself being soft and pliable like the scars resulting after removal of the Thiersch grafts. Moreover, the skin which had been phlegmonous but not ulcerated showed no scaliness.

It was, therefore, only the transplanted grafts which showed signs of Ichthyosis hystrix, and these had been taken from and transferred to a region which showed no appearances of Ichthyosis hystrix. The scar left by removal of the skin was normal, and the scar surrounding the transplanted grafts was normal, but the grafts themselves had apparently been affected in some way, by their new blood-supply, by the underlying tissue, or in some other manner to take on this pathological change. From this it is evident that the intensity of an ichthyosis does not depend on the stimulus given it at birth, as is usually supposed, although this is usually the case in the congenital nævi.

No theory seems to fit this case exactly which up to the present has been put forward to explain ichthyosis. Kromayer's view as to the part played by the hard sclerotic connective tissue of the cutis vasculosa which underlies the horny masses, might perhaps partly explain it, or Brocq's view as to the causative effect of changes in the skin glands. The scar tissue had probably blocked up these glands, and this might account for the increased activity of the process.

To make the case complete there should have been a control. Part of the wound should have been grafted with healthy skin from some other individual, and then a direct comparison would have been possible.

J. L. B.

**THE ÆTIOLOGY OF ERYTHEMA NODOSUM. HILDEBRANDT.**  
(*Münch. med. Wochenschr.*, February 12th, 1907, p. 310.)

THE case is reported in detail of a patient who was in hospital for nine months, and developed Erythema nodosum ten to twelve days after angina and stomatitis. As a child she had had tuberculous manifestations. At the height of the erythematous affection, when new eruptions were occurring every day, a positive diazo reaction was found, and blood taken in a sterile manner from a vein in her arm and injected into two guinea-pigs caused these animals to develop tuberculosis and die. The examination of this blood for other organisms gave a negative result. Later on she developed signs of first right-sided, then left-sided pleurisy, and finally pericarditis, which, taken in conjunction with solidification of a lung apex and a tuberculous gland in the neck, were probably tuberculous. At the time when the Erythema nodosum was at its height tubercle bacilli were free in the patient's blood, but this is, of course, not conclusive that the bacilli were the cause of the disease. Uffelmann and Oehme have both stated that there is a definite connection between tuberculosis and Erythema nodosum, and in support of this statement the latter quotes the case of a girl aged 16 years, of healthy family, who, six to eight weeks after an attack of Erythema nodosum, died of tuberculous meningitis. Oehme denies the alleged differences between the lesions said to be due to tuberculosis and the ordinary forms of Erythema nodosum.

The bacteriology of *Erythema nodosum* has given discordant results, and the results up to the present cannot be said to be of great value. In any case tubercle bacilli must be demonstrated in many more cases of *Erythema nodosum* before we can assume that they are always the cause of this disease.

J. L. B.

**A CASE OF PEMPHIGUS FOLIACEUS.** HEINRICH KANITZ. (*Monats. f. prakt. Derm.*, March 1st, 1907, p. 217.)

OUR knowledge of the cases which are grouped under the name of "pemphigus" is still scanty. Not only the etiological factors are inaccurately known, not only are opinions divided as to the cause of bulla-formation, but the clinical picture of the disease process is not outlined with that sharpness and certainty which we should expect in a well-characterised disease. The history of the following case in so far as it concerns an attack of pemphigus is therefore of interest. The patient was a married woman, aged 40 years. Four months before she came under observation, she stated that reddish patches appeared on the face and skin of the head accompanied by moderate itching. Small scattered bullæ appeared later, which burst and formed sores. Otherwise the patient felt well, and the skin lesions healed up for the most part. Shortly afterwards fresh places appeared and spread on to the neck and shoulders, and still later on to the chest, back, and shoulders. When admitted, the skin of the face, neck, and scalp, was covered with fine scales, and on the buttocks were excoriations, reaching in some places to the papillary layer, surrounded by serpiginous edges, and sometimes covered with crusts.

The patient was given baths, Fowler's solution, and ointments. Fresh bullæ formed during the three weeks she remained under observation.

During this time there was intermittent fever, and towards the end of the three weeks she became very weak, developed pleurisy and meningitis purulenta, and finally died of heart failure.

Histological examination of the skin showed only few scattered eosinophiles, and this is of interest inasmuch as many have held eosinophilia to be characteristic of pemphigus, especially of Duhring's dermatosis, and Leredde has even gone so far as to consider this latter a blood disease originating in the bone-marrow. The assumption would then be that the organism was trying to get rid of the excess of eosinophiles through the skin. This eosinophilia is, however, not constant in Duhring's disease, and, moreover, occurs in some widely distributed dermatoses, such as scabies, herpes, and eczema. The myelogenous origin of the eosinophiles is even more doubtful, and these diseases cannot all be assigned on the authority of a few imperfect blood examinations to a bone-marrow origin, any more than it is certain, as Leredde states, that Duhring's disease, *Pemphigus foliaceus* and *Pemphigus vegetans* are all the same disease. Whether there is any reason to think that the toxins of the disease act directly on the bone-marrow must be left to future investigations to decide.

J. L. B.

**THE CAUSE OF COMMON BALDNESS.** DELOS L. PARKER. (*Medical Record*, February 9th, 1907, p. 220.)

As the result of an observation "extending over a period of many years and applied to thousands of persons," the author, in 1901, propounded the theory that



the fundamental cause of common baldness was a form of respiration which left residual air undisturbed in the air cavities of a portion of the lungs, or, in other words, that the cause of baldness was the absence of upper chest breathing. This contention, he says, was supported by abundant clinical evidence and by the results of treatment that involved nothing but the continuous performance of upper chest breathing, and also by experiments applied to animals. The author had succeeded in isolating from expired air from human beings which had been kept chambered for a considerable time in the presence of warmth and moisture (or, as he found later, of moisture alone), a substance, which, when introduced into the blood of certain animals, exerted a selective poisonous action upon the hair (or tissues analagous to hair—i. e. feathers); which caused, in fact, temporary baldness in these animals. This substance he has named "trichotoxin." It may be obtained by evaporation to dryness of the liquid which has been in contact with the expired air. It exists side by side with another body—which he has called "stearotoxin"—which does not cause baldness when injected into these animals. Control experiments with distilled water, with water impregnated with freshly expired air, and with water which had been for long in contact with warm atmospheric air, did not lead to baldness. During the last few years the work of the investigation has been devoted chiefly to the study of the agent to which the name of "trichotoxin" had been given. The substance is obtained in the form of crystals. It has been shown not to be a ptomaine. Careful examinations have failed to reveal the presence of bacteria in the water or in the substance obtained by evaporation, or in the expired air itself. Trichotoxin is, therefore, not a product resulting from decomposition of organic matter. Trichotoxin is non-volatile; it is insoluble in alcohol (the by-product "stearotoxin" being soluble in alcohol). At the present time the attempt is being made to determine the chemical formula of trichotoxin, and the nature of the change that expired air undergoes when trichotoxin is developed.

H. G. A.

**THE IMPORTANCE OF THE EXAMINATION OF THE MOUTH IN CASES OF DOUBTFUL SYPHILIS.** L. M. PAUTRIER. (*La Presse Médicale*, January 12th, 1907, p. 28.)

PAUTRIER is of opinion that the importance of the examination of the mouth as an aid to diagnosis in cases of doubtful syphilis has not been sufficiently insisted upon. It is of especial value in men who smoke; in women it may be negative unless there be some other source of chronic local irritation. The examination should be systematic: first the dorsum and sides of the tongue; then the mucous membranes of the lips and of the inner surfaces of the cheeks; then the pillars of the fauces and the palatine arch. Saliva should be gently mopped off with a soft cloth. The lesions most frequently met with are: *Mucous plaques*: Small flat lesions, without erosion or relief, without raised borders, rounded or irregular in outline; in colour sometimes more red than the rest of the mucous membrane, sometimes paler, opaline; soft to the touch, and seen chiefly upon the mucous surface of the lips, on the tongue, and on the pillars and soft palate. *Depapillating glossitis*: Smooth plaques without papillæ ("as though mown") in the midst of the normal papillated area of the tongue; polished, red, rounded, or irregular. *Syphilitic leucoplasia*: The most frequent of all these

lesions; milky-white or opaline, rounded or star-shaped patches, forming trails as though from a drop of milk; situated almost always on the tongue or inner surface of the cheeks, particularly at the labial commissures. These opaline pellicules may become greyish-white, thickened, and indurated, forming veritable horny masses. Finally, the *superficial sclerotic glossitis*, "en ilôts" or "en nappe," with its deep red colour, smooth aspect, and indurated consistence, occupying the dorsal surface of the tongue, or its borders where it is rubbed by dental asperities.

H. G. A.

**THE HISTOPATHOLOGY OF HEREDITARY SYPHILIS IN ITS  
RELATION WITH THE SPIROCHÆTE PALLIDA. M. E.  
LEVADITI. (*Annales des Maladies Vénériennes*, August, 1906.)**

THE work for this paper was carried out in the laboratory of Prof. Metchnikoff. The writer begins by giving a summary of the previous work on the subject of the *Spirochæte pallida*, since its discovery by Schaudinn and Hoffmann. He refers to the small number of spirochæte shown by the method of Herschheimer and Hubner in the tissue of primary chancres, and then discusses the Italian silver nitrate method, which has been more successful, at any rate in the tissue taken from the spleen and liver in cases of hereditary syphilis. He, however, regrets the inability to prevent the precipitation of silver nitrate in the tissues by this method, and has obtained better results by using a modification of the Ramon Cajal method for staining nerve-fibrils, in which pieces of tissue are stained in small blocks, and afterwards cut and mounted.

The work was done on four cases of hereditary syphilis, and the method of staining is as follows:

- (1) Pieces of tissue not more than 1 mm. thick are fixed in formol, 10 per cent., for twenty-four hours.
- (2) Wash and harden in alcohol, 98 per cent., for twenty-four hours.
- (3) Wash in distilled water for several minutes until the pieces sink.
- (4) Soak in a solution of silver nitrate varying in strength from 1.5 to 3 per cent.; the latter is preferable for biopsy tissue. The fragments of tissue should be left in this solution from three to five days at a temperature of 38° C.
- (5) Wash in distilled water, and soak in the following solution for twenty-four to forty-eight hours: Pyrogallie acid, from 2—4 per cent.; formol, 5 c.c.; distilled water, 100 c.c.
- (6) Wash in distilled water, dehydrate in alcohol, xylol, paraffin, and cut not more than 5 $\mu$  in thickness.
- (7) The sections are then stained by one of the following methods:
  - (a) Giemsa for some minutes, wash, differentiate in absolute alcohol, to which a few drops of essence of cloves are added, clear in bergamot oil or xylol, and mount in balsam.
  - (b) Solution of concentrated toluidin blue, differentiate in alcohol to which a few drops of glycerine ether (Unna) have been added, bergamot or xylol, and mount in balsam. This method shows the spirochætes stained black, the nuclei of the cells blue, and the fibrous tissue green.

In one case in which the child died on the day of its birth, spirochætes were

found in large quantities in the liver, spleen, kidney, lungs, suprarenals, and thymus, none were found in the purulent contents of some bullæ on the limbs, but plenty were found in the scrapings made from the base of the bullæ. There were a few in the bone-marrow, and none in the blood taken from the heart, or in the mesenteric glands. In another case, where a child which was born healthy had developed secondary syphilis two months after birth, there were no spirochætes found in the blood taken from a finger prick, but two days later two blisters were made artificially, one over a syphilitic papule, the other over healthy skin. Spirochætes were found in both, though much more copiously in the one over the papule, which was also hæmorrhagic. At the same time the child had albuminuria, but there were no spirochætes present in the urine. The following day after the blisters had been applied syphilitic papules appeared quite close to where the second blister had been made on apparently healthy skin. He argues from this that spirochætes are present locally in the skin previous to the rash making its appearance. The child died six days later, when a large number of spirochætes were found in the blood taken from the heart.

He thinks that the clinical types and severity of the disease vary with the number of spirochætes present. He has observed phagocytosis of the spirochætes, especially in a case of white pneumonia of the lung in which the alveoli were choked with large mononuclear cells containing the spirochætes. He thinks that this is the reason why spirochætes are seen to be relatively fewer in spleen-tissue than in liver-tissue.

W. S. F.

**ON PRIMARY COWPOX IN MAN.** E. VOLLMER. (*Archiv f. Derm. u. Syph.*, October, 1906, p. 3.)

A MILKMAID, aged 18 years, had to milk a cow which had an inflammatory and purulent affection of the udder and teats. In this way she inoculated the backs of both her hands. Fourteen days later the skin of the back of the right hand and wrist became inflamed, and on it a number of small warty lesions developed. These were livid red in colour, and about the size of a split-pea; some of them had a depression or umbilication in the centre, while others were surmounted by a small central pustule. A few days later the left hand became similarly affected. A photograph, which accompanies the paper, shows the condition. About the time when the lesions appeared the patient's temperature went up slightly, and she had some shivering. The writer cauterised the centre of each of the lesions by a fine-pointed Paquelin cautery. Eight days after the cauterisation the lesions had disappeared and been replaced by scars, and the swelling which existed between them had gone down. There was also a mild erythematous rash on the back and chest. The writer refers to an almost identical case described by Manke (*Zeitschr. f. Med.*, 1898, p. 773).

J. M. H. M.

**A CASE OF SARCOMA IDIOPATHICUM MULTIPLEX HÆMORRHAGICUM (KAPOSI).** S. B. SELHORST and M. E. POLAND. (*Archiv f. Derm. u. Syph.*, October, 1906, p. 33.)

THE case occurred in the dermatological clinique at the Hague. The patient was an artist, aged 70 years, who up to his fiftieth year had enjoyed excellent

health. At that time the skin-affection had first appeared, as small macules, on the back of the left hand, which were rose-red in colour and disappeared on pressure. For eighteen years this condition remained stationary, then a rapid exacerbation took place. The state of his skin at the time when this paper was written was as follows: Skin-tumours were symmetrically distributed in various situations. On both hands, affecting chiefly the dorsal aspects and spreading on to the fingers, were tumours varying in size from a pea to a hazel-nut, the skin over them being of a livid blue colour. The lower extremities were cyanosed, and the skin was infiltrated as in elephantiasis, and along the line of the saphenous vein several similar tumours occurred. Beneath the external malleolus, and extending along the sole of the foot, there was a large warty tumour-mass in which the original nodules, through the coalescence of which it had been produced, could only be detected with difficulty. On the dorsal aspects of the toes a number of tumours were observed. The rest of the skin was unaffected, with the exception of that of the upper eyelids, which presented violet nodules about the size of peas.

A histological examination of one of the lesions showed that the epidermis over the tumour was much thickened, and the prickles-cells had lost their regular arrangement. The tumour-mass on the corium was definitely circumscribed. It was unusually vascular, and presented numerous dilated blood-vessels filled with red blood-cells. The cells composing it were spindle-shaped or round, and were arranged in bundles or foci around the blood-vessels. Here and there mitotic figures could be detected in the nuclei. The cells of the walls of the blood-vessels also showed a clear connection with the spindle-cells of the tumour. The whole character of the tissue was that of a spindle-cell sarcoma.

The paper is illustrated by two coloured drawings of the histological appearances.

J. M. H. M.

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## REVIEWS.

### THE PRINCIPLES AND PRACTICE OF DERMATOLOGY.\*

DR. WILLIAM ALLEN PUSEY'S work on the *Principles and Practice of Dermatology* adds yet another to the list of large text-books on the subject which have emanated recently from the other side of the Atlantic, either in the form of new works or new editions. That another text-book of 1000 pages was wanted is a matter for the decision of the author and the publisher rather than for the consideration of the reviewer, but coming as it does so soon after the new editions of the works of Stelwagon, and Hyde and Montgomery, the thought of whether or not there is room for another large text-book cannot but obtrude itself, and the feeling that it will have to be of exceptional merit to justify its existence is aroused. That "there is always room near the top" is a trite saying which applies equally to

\* *The Principles and Practice of Dermatology.* By WILLIAM ALLEN PUSEY, A.M., M.D. London: Sidney Appleton, 1907.

books and men, and on reading Dr. Pusey's work I feel that there is certainly a place for it. Planned on much the same lines as the other larger text-books, and arranged on the basis of Hebra's time-honoured classification, it shows throughout an independence of thought, and at the same time a fair recognition of the views of others, which must commend themselves to the most casual reader. It begins with an exceptionally detailed account of the anatomy and physiology of the skin; this is followed by sections on the etiology, general pathology, and symptomatology of the affections of the skin. The section on treatment of skin-diseases in general is up-to-date and practical, the modern vaccine treatment, according to the methods introduced by Wright, being described in detail. Electrical therapeutic methods are also referred to, and in this connection it is interesting to quote the author's experience of the much-vaunted high-frequency currents in the treatment of skin-affections. He says, "In my experience their use has been very disappointing, and I am not convinced that they are of any more value than are the ordinary brush discharges from a static machine. They, at least, have the advantage of being not uncomfortable."

The descriptions of the various diseases of the skin are adequately done, those of the tropics being referred to at considerable length. The references might have been more complete, but for practical purposes they are sufficient. In reading these descriptions I noted that the author distinguishes between *Dermatitis herpetiformis* and *Pemphigus chronicus*, but considers that *Pemphigus pruriginosus* is a transitional form between the two. It seems to me that the time for such distinctions is over, and that we have to do with one morbid entity with multiform lesions, but whether it should be called "*Pemphigus chronicus*" or "*Dermatitis herpetiformis*" is a matter of opinion. I know, however, that this is still a subject for controversy. With reference to *Verruga Peruana*, the author considers that the febrile symptoms and the skin-lesions constitute an entity, but recent observations suggest the possibility of the fever which caused the death of that great martyr to science, Carrion, being typhoid, and the skin-affection, which is generally present, though absent in his case, being independent of it and possibly akin, if not identical with, yaws. In discussing the etiology of syphilis the author preserves an open mind with regard to the *Spirochæta pallida* being the specific organism.

As in the other American text-books referred to above the illustrations are numerous, and as a rule of a high standard, many of them being from photographs of the author's own cases, while others have been lent by various well-known authorities, and there are a few which are reproductions of familiar plates from such sources as the *International Atlas of Rare Skin Diseases*. It seemed to me a pity that in the English edition the English spelling could not have been adhered to, and such spellings as "feces," "fiber," "center," "color," etc., which are so unattractive to the ordinary English reader, avoided. But this, after all, is a minor point, and is only mentioned because the text-book deserves to rank among the standard works on the subject in the English language.

J. M. H. M.

## TRANSACTIONS OF THE AMERICAN DERMATOLOGICAL ASSOCIATION.\*

THE Twenty-ninth Annual Meeting of the American Dermatological Association was held in New York from December 28th to 30th, 1905, under the presidency of Dr. William T. Corlett, and to judge from the official report of the proceedings was well attended and of unusual interest. The president chose as the subject of his address, "An Epoch in the Evolution of American Medical Education—the almost General Recognition of Dermatology in the Curriculum—the Need of Clinical Concentration." In it he referred to the recent advances in dermatology and to the present position of the subject as an important branch of the science of medicine. At the first meeting Dr. Henry W. Stelwagon contributed a paper on "Additional Observations on the Use of the Röntgen Rays in Dermatology." He pointed out the danger of using this method of treatment indiscriminately, and of allowing it to supplant other methods equally useful and far less liable to cause harm, and he considered that it should be regarded rather as a supplementary than as a sole method of treatment. As the papers and discussions have already appeared in the *Journal of Cutaneous Diseases*, and abstracts of many of them by Dr. Colcott Fox have been published in this journal, it will only be necessary to give a short list of them here so as to indicate the scope of the work of the meeting and the subjects dealt with. An interesting paper was contributed by Dr. John A. Fordyce on "A Case of Undetermined Tropical Ulceration Involving the Nose, Pharynx, and Larynx, with Histological Findings," which was followed by a communication on "Some General Considerations regarding Clinically Similar Cases in Oceania and elsewhere," by Dr. W. F. Arnold, late of the U.S. Navy. Dr. J. F. White described a case of "Meralgia paræsthetica" in a gentleman, aged 55 years, who became aware of abnormal sensations of the outer and lower two thirds of the right leg after a walk of five miles. The affected area corresponded to the distribution of the cutaneous filaments of the external cutaneous nerve. The perverted sensations of tingling, tenderness, and formication had persisted in spite of various forms of treatment, including massage. Dr. Abner Post contributed a paper on "The Length of the Primary Incubation Stage of Syphilis," in which he concludes that so far as experimental inoculation is concerned we are justified in believing that the true chancre has always a period of incubation, and that the period varies within rather wide limits; that it never falls below fifteen, or possibly thirteen days, and that forty-two days is the widest limit. "Notes on the Treatment of Epithelioma by Means of Caustic Potash," were contributed by Dr. A. van Harlingen, in which he advocated this treatment in cases which displayed small, well-defined, pearly lesions from one half to two centimetres in diameter, and recorded a large number of cases successfully treated by this method. Dr. G. T. Jackson read a paper on the "Life History of a Case of Mycosis Fungoides," the course of the case being five years, death being hastened by exhaustion from a chronic enteritis. Drs. C. J. White and F. S. Burns reported the "Evolution of a Case of Mycosis Fungoides under the Influence of the Röntgen Rays," in which death was believed to have resulted from toxæmia,

\* *Transactions of the American Dermatological Association.* Twenty-ninth Annual Meeting, December, 1905. Official Report of Proceedings, by CHARLES J. WHITE, M.B.

possibly produced by the absorption of the broken-down tissue, dissipated by the X-rays. In the discussion which followed, several of the speakers were disinclined to accept this theory of the cause of death. Dr. J. Nevins Hyde contributed an article on the "Egg-shaped Nail"; and Drs. F. H. Montgomery and Peter Bassoe recorded a "Case of Pityriasis Rubra of Hebra's Type, with Autopsy Report."

On the second day of the meeting an interesting discussion took place on "Bullous Affections and their Classification," which was introduced by a paper by Dr. E. B. Bronson, of New York, in which he divided bullous diseases into (a) obstructive forms, in which bullæ occurred as the result of obstruction in the sweat-follicles or in the lymphatic channels, with mechanical distension at the point of escape in the epidermis; and (b) acantholytic forms, in which a vital impairment of the cohesion between the prickle-cells allowed a relatively slight effusion of serum to force its way between the cells and produce a lacuna. This paper was followed by one on the "Classification of Bullous Diseases," by Dr. J. T. Bowen. At the same session Drs. Hardaway and Allison contributed an article on "Warty Growths, Callosities and Hyperidrosis, and their Relation to Malpositions of the Feet." Dr. Grover W. Wende reported two cases of "Erythema Perstans with Circinate Lesions"; Dr. Ravogli recorded in detail a case of "Pemphigus Vegetans"; Dr. Jay F. Schamberg described two cases of "Multiple Tumours of the Skin in Negroes, Associated with Itching"; Dr. M. F. Engman contributed a "Preliminary Note upon the Presence of Indican in the Urine of those Affected with Dermatitis Herpetiformis"; and with Dr. W. H. Mook, "A Study of some Cases of Epidermolysis Bullosa with Remarks upon the Congenital Absence of Elastic Tissue." Dr. D. W. Montgomery read a paper on "Pityriasis Rosea"; Dr. M. B. Hartzell described "Two Cases of Paget's Disease Treated by the X-ray, with a Report of the Microscopic Findings in one of them after Prolonged Treatment." Dr. S. Pollitzer recorded a "Case of Chronic Ulceration in the Pubic and Inguinal Regions," from which a bacillus closely resembling, but not identical with the *B. Mallei*, was isolated, which may have been responsible for the lesion, though its causal connection with it was not definitely established; and Dr. F. J. Shepherd recorded a "Case of Recurrent Bullous Eruption of the Face," which suggested a Dermatitis artefacta.

The third day of the meeting was devoted entirely to the presentation of patients, and a number of interesting cases were demonstrated, among which was a case of Paget's disease of the buttocks (Fordyce), a case of Adenoma sebaceum (Fox), a case of bullous lesions of the lower extremities in conjunction with Lichen planus (Fox), a case of erythromelie (Klotz), a case of rhinocleroma (Pollitzer), and a case of Xeroderma pigmentosum (Robinson).

The above list of papers, discussions, and cases demonstrated will serve to indicate the excellent work which is being done by the American Dermatological Association, and the progress which is being made in dermatology by our colleagues on the other side of the Atlantic.

J. M. H. M.

# THE BRITISH JOURNAL OF DERMATOLOGY.

NOVEMBER, 1907.

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## HERPES FACIALIS IN DIPHTHERIA.

By J. D. ROLLESTON, M.A., M.D.Oxon.,

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The occurrence of Herpes facialis in diphtheria was noted long ago by Sanné, Henoch, Cadet de Gassicourt, and Lewis Smith, and more recently by Dieulafoy, Baginsky, and Marfan, but until the recent paper by Orsi, who, in an analysis of 2,400 cases of diphtheria in Mya's clinic, found Herpes facialis present in 2.45 per cent., no monograph had appeared upon the subject. The present article is based on 1370 cases of diphtheria that have been under my care during the last five years. In each case the clinical diagnosis received bacteriological confirmation. Herpes labialis was present in fifty-five cases, or 4.01 per cent. If three cases be added in which Herpes labialis developed in lobar pneumonia complicating diphtheria, the percentage is raised to 4.2. In the great majority, *i.e.* forty-two cases, the lips alone were affected, the eruption usually appearing on the lower lip or one of the commissures, much less frequently the cheeks (six cases), chin (four cases), and nostrils (three cases), were attacked. The sexes were almost equally affected, twenty-four or 3.7 per cent. were males, thirty-one or 4.2 per cent. were females. Unlike Orsi, who noted the eruption most frequently in children between the ages of four and five years, I found that herpes increased in frequency until the twentieth year. The figures for the first quinquennium were ten cases or 2.03 per cent., for the second, twenty-nine cases or 4.5 per cent, for the third, nine cases or 6.8 per cent., and for the fourth, four cases or 12.1 per cent. Between the ages of twenty and forty-four there were three cases, or 6.5 per cent. The seasonal



prevalence is shown by the following figures, which indicate that herpes was commonest in the coldest months of the year.

January . . .	6 cases.	July . . .	3 cases.
February . . .	8 „	August . . .	1 „
March . . .	8 „	September . . .	2 „
April . . .	11 „	October . . .	8 „
May . . .	0 „	November . . .	4 „
June . . .	0 „	December . . .	4 „

In all the cases the diphtheritic process was present in the throat; in thirty-three the attack was purely faucial, in seventeen it was nasal also, and in five, two of which were tracheotomised, the larynx was affected. Orsi has laid special emphasis on the fact that the herpes very frequently developed on the side corresponding to that on which the angina occurred or was predominant. This coincidence I have myself observed in some, but by no means all of my cases. Herpes facialis was almost invariably an early symptom of diphtheria, in only two cases appearing after the first week of the disease. The usual date for its appearance was the third or fourth day. In forty-two cases, most of which had not been ill for more than four days, it was present on admission to hospital; in only two cases did it develop after the first week of the disease, in the one on the tenth day, a day before the throat became clean, and in the other on the seventeenth, ten days after the membrane had disappeared.

The occurrence of Herpes labialis in over 4 per cent., shows that the phenomenon is by no means rare in diphtheria, and well confirms the statements of Dieulafoy and Cadet de Gassicourt, who strongly urged that the presence of herpes on the lips was no proof that the concomitant angina was not diphtheritic. It is true that the eruption is commoner in non-diphtheritic angina. Thus Herpes labialis was found in nineteen cases, or 13·1 per cent. of 145 patients admitted to hospital under my care, certified as diphtheria, who subsequently were diagnosed as suffering from tonsillitis. The term "tonsillitis," which is administrative rather than clinical, comprises follicular tonsillitis, which forms the bulk of the cases, quinsy, Vincent's angina, and herpes of the fauces. It should be stated that herpes was not found in any of the cases of quinsy or Vincent's angina. Among the nine acute infectious diseases in which figures relating to the frequency of Herpes facialis are available, diphtheria may be ranked sixth on the

list, and be assigned a place between typhus and typhoid. Lobar pneumonia, malaria, and cerebro-spinal meningitis, in each of which Herpes labialis occurs with a frequency of about 40 per cent., lead the way, and are followed after a long interval by influenza, in which herpes occurs in 6 per cent., and by typhus, in which it occurs in 5 per cent. In typhoid the frequency of herpes varies from 1·3 to 3·5 per cent. In relapsing fever Semon noted it in four out of 160 cases. In smallpox Schamberg found it in only two out of 3000 cases.

It is interesting to note that while Herpes facialis is not uncommon in diphtheria, Herpes zoster is very rare. It occurred in only two of my cases or in 0·1 per cent. In both the anginal attack was of moderate severity, and in both the eruption occurred on the twenty-ninth day. A striking parallel is afforded by lobar pneumonia, in which Herpes facialis is so common, while Herpes zoster is very rare. Clément, in 1897, had been able to collect only three cases of zona occurring in pneumonia.

Has Herpes facialis any prognostic value in diphtheria? Sanné and Baginsky think not, both having seen it in severe as well as in mild cases. Orsi, on the other hand, regards it as a favourable sign. All but two of his fifty-nine cases recovered. In my own series its frequency was greatest in the severe forms of diphtheria (twenty-one cases or 5·4 per cent. with four deaths), less in the moderate (twenty-one cases or 4·7 per cent.), and least in the mild (thirteen cases or 2·5 per cent.). The eruption in itself of course in no way adds to the gravity of diphtheria, in which Herpes facialis presents the same benign features as when it occurs in the course of any other disease. Though the presence of membrane on the lips is not uncommon in diphtheria, none of the herpes cases presented this localisation. The employment of antitoxin is doubtless the explanation of this, for it is well-known that in the pre-antitoxin era cutaneous diphtheria was much commoner than at present owing to the tendency of diphtheria to invade neighbouring areas of the skin whose surface had been impaired. In this connection it may be mentioned that Baginsky and Mya rank Herpes facialis among the rare eruptions due to anti-diphtheritic serum. In my own cases this factor can be excluded, since, as already stated, the herpes was present in the great majority of the cases on admission to hospital before any antitoxin had been given. Further, the occurrence of Herpes labialis in diphtheria, which is alluded to

by the earlier writers already mentioned, makes it unnecessary to invoke the serum as agent in the causation of the eruption. In the fifty-one cases which recovered the herpetic lesions healed rapidly leaving no cicatrix, and were not followed, as is sometimes the case in Herpes zoster, by paralysis of the neighbouring structures. Though paralysis of the lips is an occasional occurrence in diphtheria—it was noted in thirty-seven cases or 2·7 per cent. of my 1370 cases, rarely before the sixth week,—none of the cases with herpes labialis developed this complication. The pathogeny of Herpes labialis and its relation to Herpes zoster are still undecided. Orsi regards Herpes labialis in diphtheria as a cutaneous manifestation of a reflex, which has its origin in the pharyngeal nasal or laryngeal mucosa, the nerve terminals of which on receiving an abnormal stimulus probably of toxic nature generate in the skin vaso-motor disturbance, resulting in the appearance of herpes. In support of this view may be urged the greater frequency of herpes in the severe forms of diphtheria as is shown in my own cases in which, presumably, the abnormal stimulus is more powerful than in the other forms. On the other hand it is difficult to understand why in non-specific angina, in which the degree of toxæmia is less, herpes should be more frequent.

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## THE TREATMENT OF VASCULAR NÆVI BY RADIUM.\*

By L. WICKHAM,

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DEGRAIS,

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(ABSTRACTED AND TRANSLATED BY E. GRAHAM LITTLE.)

THE researches we have conducted for several years on radium enable us to regard this radio-active agency as possessed of very remarkable therapeutic properties.

In contact with the invisible rays emitted by it, the tissues undergo modification; granulations seem to melt away, ulcerations become scarred over, and certain chronic inflammations diminish and disappear.

In former communications to the Société Française de Dermatologie and to the Congress of Reims and of New York, we have been able to demonstrate favourable results in the treatment by radium of epithelioma of the skin, and of certain rebellious types of eczema, prurigo, psoriasis, and "nevrodermites."

Inasmuch as the obliterative influence of radium on the vessels is well known, there seemed to be indications for its use in the treatment of vascular nævi, commonly known as "port-wine stains," and the present paper deals with our researches on this property of radium.

Our cases varied in degree from the superficial, flat, port-wine stain to the angiomatous swelling, occupying the whole depth of the cheek or forming a real erectile tumour upon it. The treatment adopted was by the direct application of the apparatus to be described on the nævus. The instruments were flat, the radium salt being fixed to the free surface by a varnish, and the rays which traverse the varnish vary in intensity according to the quantity and activity of the contained salt and the thickness of the varnish.

This radiation, which may be called external, is estimated and analysed by special electrosopes, and the only important practical point is to know the exact time required for any specified degree of

\* A communication read at the Academy of Medicine, Paris, October 8th, 1907.

external radiation, applied to any given nævus, to exert the desired therapeutic effect. For example, with an instrument of extreme intensity, containing 20 cg. of the salt, with an activity of 500,000 units, its external radiation is 300,000, and comprises 5 per cent. of alpha-rays, 85 per cent. of beta-rays, and 10 per cent. of gamma-rays. This, applied one or two minutes every two or three days, is efficacious without producing any visible reaction. If applied for half an hour at a time it causes ulceration.

In the same way the efficacy of each piece of apparatus may be classified and recorded. For the flat superficial nævi a slight ulcerative reaction is sufficient, but for the deeper ones a stronger reaction is necessary. For those cases in which an external tumour is present, small doses, often repeated and without causing visible reaction, are recommended. A nævus in a baby, in whom a tumour 2 cm. in length and 2 mm. in height, was so treated, was entirely effaced without producing the slightest ulceration.

Two points in the method are to be noted, namely, the nature of the repair-tissue and the absolute painlessness of the treatment. With regard to the former, histological investigation confirms the clinical experience. Dominice has shown that the cells under the influence of radium resume their embryonic condition without undergoing the changes incidental to the usual inflammations. The result is that this embryonic process is unaccompanied by any effects which might hinder repair. Clinical observations confirm this conclusion; the scars which follow the treatment are supple, smooth, continuous, without fibrous bands or contraction of the surrounding tissues, and differ from the normal skin only in the lack of pores, in being of a lighter, whiter colour, and in having some few telangiectases. In fact this property of radium has been utilised in treating badly-formed scars, which produce deformity, especially those which accompany glandular abscesses.

The second point, the absence of pain, is of great importance, and this fact allows of the treatment being applied to large surfaces, and with patients who are constitutionally timid, and with children of tender age. The treatment may even be applied while such patients are asleep, and the reactions which follow treatment cause no more than a passing and very slight sense of heat. This characteristic of radium-treatment might have been inferred from the fact that it has

an analgesic effect, as is seen in its influence in pruritic affections, in neuralgia, and in the superficial hyperæsthesiæ which follow zona.

The advantages of radium in the treatment of vascular nævi over all other methods, even electrolysis, we deem evident. In electrolysis the pain caused and the number of sittings required are great drawbacks; the method is ill-adapted for children or for large patches, and electrolysis cannot be used in nævi of any considerable depth. Thus a case of a nævus occupying the whole thickness of the cheek was pronounced to be incurable by electrolysis, but was successfully overcome with radium applied for five hours. This case offers hope that many cases deemed hopeless will be susceptible of improvement. The cases which are deepest in colour and most prominent are especially suitable for this means of treatment.

It is even possible that in radium we possess a source of curative energy which may be utilised in other ways. For example, we have practised many subcutaneous and intra-muscular injections of solutions containing radium in syphilis; the injections were well borne and followed by favourable results, which were reported to the Society of Dermatology.

## PLASMA-CELLS IN ADENOID TISSUES.

By L. H. HUIE.

PAPPENHEIM states that the "keim centrum" cells or large lymphocytes of lymphoid organs resemble in every way plasma-cells, "as even Unna agrees." Perhaps, as he admits, the former stain a slightly less bright red (with pyronin) and more frequently possess "bläschen" ("vesicular") nuclei than "rad form,"\* but these differences, according to him, are unreliable.

Marschalkó says that plasma-cells exist in perfectly normal spleen, lymph-glands and marrow. Perhaps in these situations they may stain less deeply than the recognised type, but by tuberculin injection, etc., they can be rendered perfectly typical by the induced increased staining capacity. In his opinion "they are quite certainly lymphocytes," while Pappenheim holds that everything speaks against

\* "Rad-form" nuclei are nuclei in which the chromodomies are arranged radially around a clear central space.

the lympho-hæmatogenous nature of plasma-cells, but that nothing stands in the way of their histogenic origin.

Here, then, we have prominent representatives of the opposing opinions as to the nature of plasma-cells agreed that they are indistinguishable from the large "keim centrum" lymphocytes.



FIG. 1.—Typical plasma-cell.

Before going further I think it advisable to state at once that in my own researches I have hardly ever seen a typical plasma-cell, as defined by Unna, and as met with in infiltrations, in a germ centre. I find absolutely typical plasma-cells in lymphoid tissues, but not in germ centres. I find typical plasma-cells to be far more numerous in the lymphoid tissues of diseased individuals than in normal.

A perfectly typical plasma-cell is characterised by its oval or pear-shaped outline, by its nucleus being so eccentrically placed as to be close to the cell periphery, usually at one end of the oval, or in the narrow end of the pear-shaped body; by the dense cell-plasm, densest away from the nucleus, and generally exhibiting a clear unstained region near the centre of the cell, by the nucleus containing conspicuous chromosomes radially arranged round a clear central space (Fig. 1). The cell-plasm has always been described as being baso-

FIG. 2.



FIG. 3.



FIGS. 2 AND 3.—Cells of Malpighian corpuscle of spleen.

phile, but there is an element in it which is acidophile—demonstrable by the double stain toluidin blue and eosin, or by acid orcein, etc.

The cells of germ centres or Malpighian corpuscles are of two sorts, arranged in more or less definite areas or zones: (A) Small cells, as in Fig. 2, with a small globular nucleus, rich in chromatin, and with little or no discernible cell-plasm. It is generally noticeable

that what cell-plasm is present is more developed on one side of the nucleus than the other. (B) The large lymphocytes of the germ-centres and Malpighian corpuscles are large cells (Fig. 3), with plenty of cell-plasm, large vesicular nuclei with an open chromatic network and several conspicuous nucleoli. These two types of cells make up the Malpighian corpuscles of the spleen, and the germ-centres of the lymphatic glands and hæmolymp glands in man and all the other mammals that I have examined. These large lymphocytes, it will be seen, have no points of resemblance to plasma-cells except that their cell-plasm will stain with such basic dyes as Unna's polychrome methylene blue and the pyronin of Pappenheim's stain, but their affinity for these stains is much less than that of plasma-cells, and subjected to the double staining of eosin followed by toluidin blue it is the eosin that their cell-plasm retains most tenaciously on washing out, while both stains are retained by plasma-cell cytoplasm.



FIG. 4.—Ordinary large phagocytic cell of spleen.

Besides the two types of cells A and B there occur sometimes in the Malpighian corpuscles of the spleen a few much larger cells, as shown in Fig. 4. These are present in great numbers in the splenic pulp and sinuses, and are conspicuously phagocytic. They are the chief form of basophile cell met with in lymphatic gland sinuses, where they are exceedingly numerous.

Typical plasma-cells occur in germ centres and Malpighian corpuscles with extreme rarity, and their presence may be regarded as accidental. In the splenic pulp of man their number varies most remarkably. In some spleens they may be said to be absent, while the chief basophile element is the large lymphocyte. In other spleens, especially, according to my experience, in spleens of persons who had died of general paralysis, Mycosis fungoides, and other states of great degeneracy, they were exceedingly numerous and beautifully typical. This was also the case in the splenic pulp and blood of the



spleen of a dog, dead of distemper and "yellows," while in the spleen of a healthy dog I found hardly any plasma-cells, though the large phagocytic lymphocytes were numerous enough. I found their numbers vary also in lymphatic glands, though as a rule they were much less numerous here than in the spleen even in the cases mentioned above.

The question now arises. Where do the plasma-cells found so abundantly in the spleens of many diseased individuals take their origin? My investigation leads me to exclude absolutely their lymphocytic nature, while no doubt remains in my mind that they are due to the shedding of the endothelial cells lining the blood-vessels. My sections of the spleen of the dog dead of distemper first convinced me of this, and illustrate it in a manner that leaves no room for another opinion. In sections of the trabecular branches one sees



FIG. 5.—Plasma-cell occurring in spleen, but derived from endothelium of the splenic blood-vessels.

immense numbers of more or less typical plasma-cells, detached from the vessel walls, though lining them and scattering into the blood. These cells are always typical in staining reactions and usually in structure—even to the "rad-form" nucleus and the large central clear space (Fig. 5).

I should like to add a word as to the characteristic chromosomes of plasma-cells. In my opinion the size and even the position of these would be found to vary with the physiological condition of the cell; also probably their relative size and stainability as compared with the nucleolus, the two elements varying in inverse relation to each other according to the functional state of the cell. I base this opinion on my own experiments and those of other workers on secreting cells.

*Note.*—All the figures are drawn with Zeiss's camera lucida  $\frac{1}{12}$  apochr. imm. objective, and No. 8 ocular.

## ROYAL SOCIETY OF MEDICINE.

## DERMATOLOGICAL SECTION.

THE first ordinary meeting of the Section took place at 20, Hanover Square, on Thursday, October 17th, at 5 p.m., Dr. RADCLIFFE-CROCKER, President of the Section, in the Chair.

Before proceeding with the ordinary business of the meeting, the President made the following remarks :

GENTLEMEN,—As this is our first meeting for the ordinary work of the Section, a few preliminary remarks from your President may not be out of place.

We may regard the organisation of a Section of Dermatology as a part of the work of the Royal Society of Medicine, as a not unimportant step in the recognition of the status of dermatology in medicine, both as regards its immediate past and its near and distant future.

A new branch of medicine, and ours is barely a hundred years old, passes through three stages. First, pioneers like Willan and Alibert strive to penetrate into the virgin forest of isolated or ill-observed facts and the crude or fanciful theories regarding them, and begin to clear away the rubbish and fallen lumber of past ages and to make paths through the hitherto trackless forests, putting up finger-posts or at least blazing the trees as they go, so that their successors with little effort may pass along where they have forced their way with such toil and difficulty.

Others soon follow, making the paths plainer, and some go further than their predecessors, but still progress is slow until the advent of some great man, like Hebra, who makes the paths into broad roads, and the second stage is reached. Along these highways, where there were but solitary travellers, are now throngs of workers, until the roads are clear enough for anyone who takes the trouble to find his way, though there are still byeways and tracks enough for those who devote their lives to their investigation. This is the third stage, which we have reached to-day, and the main facts of dermatology are now open to every student who has acquired the preliminary groundwork of a sound knowledge of general medicine. I lay stress upon

this, as whoever takes up a specialty without it comes perilously near to the quack, and puts a stone into the hand of those who are only too ready to throw it.

The extremely rare occurrence of many of the diseases of the skin, and the great gaps in our knowledge of the ætiology and pathology of many even common dermatoses, afford problems for the expert to work at for another century (at least).

Standing here in the presence of many who in the last twenty years have by their work done much to place dermatology where it now is, I say to our younger members that they have plenty to encourage them to follow their predecessors' footsteps, and though it is not the rule in science for workers to see the fruition of their labours as we do this day, yet starting from a higher platform than their teachers they may reach heights that we can barely dream of.

Gentlemen, I trust we shall work earnestly and harmoniously to make this Section a success, each for all, and all for each, and that whether our respective knowledge be little or much we may place it unreservedly at the service of this Section.

In conclusion, I have only to announce to you that the plan the Council proposes to adopt is that the private cases shall be taken first, and the rest of the cases as far as possible in the order of their announcement to the secretaries. That they shall be examined on the chair here placed, and that then, when desired, a brief discussion may take place on such case, but I would especially beg you to be terse and to the point in your remarks.

Finally, it is earnestly hoped that exhibitors will furnish the secretaries as soon as possible with a brief account of their cases in a form ready for publication, and stating only essentials. For although there will be a reporter present, his account, even though edited by the secretaries, will often be unsatisfactory, and a personal report will not only materially lighten the work of the secretaries, but add much to the interest and value of the proceedings, and though it involves some pains and self sacrifice, it is hoped that all members of the Section will be ready to make it.

The following cases were shown :

Dr. H. G. ADAMSON showed a case of *Lupus erythematosus*, affecting the hands and feet only. The patient was a young woman (L. C—),

aged 22 years, a shop assistant. She was well nourished, but had marked "chilblain circulation"; her nose was blue and cold, as were also her hands and feet. Over the palmar surface of the fingers and thumbs, and along the thenar and ulnar sides of the palms, were irregularly-shaped patches with dusky red erythematous margins, and whitish, thinly raised central parts. There was practically no infiltration of the patches, and the redness could be pressed out, leaving only a brownish stain around the central scar. There was a similar condition over the dorsal surfaces of the proximal and penultimate phalanges. The toes were of a deep purple colour and very cold; they also presented patches like those on the fingers, except that some of the patches were here excoriated and others crusted. There were no lesions on the ears, face, scalp, nor elsewhere. The patient had a husky voice, but no cough, and there was no evidence of tuberculosis. A sister had consumption, and was in the Brompton Hospital.

The patches had begun to get more red and aching during two or three recent cold days. The patient had suffered, as a child, from cold hands and feet with chilblains in the winter, but the present condition had only begun two winters ago. Towards the end of 1905 red patches had appeared upon the fingers and toes. The patches had swelled and had run together until the whole finger was swollen to twice its normal size. This swelling, accompanied by much aching, had lasted through the winter. It had subsided during the summer, but the red patches had remained. The swelling had again appeared at the beginning of last winter, and had subsided as before during the summer, but leaving more marked and more numerous red patches—in fact, the condition which was now present.

There was no evidence of paroxysmal attacks of "dead fingers" followed by lividity, such as was characteristic of Raynaud's disease.

Dr. T. J. P. HARTIGAN showed a case of *multiple rodent ulcer* and *two cases for diagnosis*.

Dr. GRAHAM LITTLE showed a case of *morphea* in a woman, aged 65 years. The patient had been under observation at St. Mary's Hospital at long intervals during the past five years; the disease was stated to have been noted by the patient for about six years. When she

had first come to St. Mary's the condition noted was that of a patch of morphea occupying the middle third of the anterior surface of the right leg. The sclerodermic area was surrounded by the usual halo of redness, and this condition had persisted unchanged for several years. She had ceased attending for a considerable period, and when seen again, a week ago, the disease had very greatly increased in area, so that now the whole right leg and foot from the instep to the knee were sclerodermic, and the soft parts of the leg had been constricted and atrophied, so that the right leg was three inches less in circumference than the left. The sclerodermic condition was continued on to the dorsum of the foot, but the foot was not equally atrophied with the leg. Two new areas of scleroderma, circumscribed and the size of a sixpence, had appeared on the front of the left leg, and a larger lesion, the size of a shilling, on the lower part of the abdomen.

Within the past few months the middle third of the anterior surface of the right leg—the earliest site of the disease—had become the seat of an ~~obstinate~~ ulceration causing considerable pain and discomfort, and at a meeting of a medical society, at which the case had been shown by the general practitioner under whose immediate care the patient was, an opinion was generally supported that amputation of the right leg would be preferable to retaining the diseased limb. Opinions as to this course were now solicited, the exhibitor having considered that the solution was too drastic to be recommended. The woman was in other respects, considering her age, in fairly good health.

It was generally agreed that amputation was not desirable. Bier's method of compression was suggested as likely to be useful in stimulating the healing of the ulcer.

Dr. J. M. H. MACLEOD showed (1) a case of *chronic inflammation and desquamation of the lips* in an unmarried woman aged 29 years. The patient was a delicate-looking woman with a highly neurotic temperament. She worked as a dressmaker and had the anæmic appearance associated with an indoor life and insufficient fresh air. There was a family history of tuberculosis, her father and sister having died of pulmonary tuberculosis, and there were suggestive signs of it in the patient, such as severe cough, dulness at the left apex, etc. The condition of the lips for which she came under observation was a peculiar crusted affection involving the red portions of the lips, but

especially the lower one. Both lips were swollen and protruding, and were encased in an irregularly fissured scab of a yellowish green colour which extended from the cutaneous margin of the lips and gradually faded away in the mouth. The crusts were somewhat firm in consistence and were loosely adherent to the lips, so that they could be picked off easily, leaving the lip glazed, oozing in places, and here and there, where the scab had been more firmly attached, laceration had occurred and there was slight bleeding. There was no definite hypertrophy of the mucous glands of the lips. At the time when the case was exhibited the crust was comparatively slight, as a mass of it had been removed three weeks previously and it had not yet had time to re-form, but when it was at its maximum it reached a thickness of half an inch. Associated with the affection of the lips there was a septic state of the mouth. The teeth were covered with tartar, the gums sodden, and there was slight pyorrhœa alveolaris. The salivary and mucous secretions were viscid and the tongue and mouth were dry.

The affection had begun eighteen months previously, immediately after the death of her sister from phthisis. It commenced with slight desquamation of the lower lip. This gradually increased till her lips were encased in scabs. She was first seen by the exhibitor at Charing Cross Hospital, where she was sent by Dr. Samuel Welch on August 12th, when the whole of the scab was removed, the lips painted with 3 per cent. silver nitrate solution, and an antiseptic salve and a mouth-wash prescribed. She returned to hospital in the middle of October with the affection as bad as ever. The crust was again removed and is now gradually recurring.

This peculiar affection began as slight infective desquamation of the lower lip, which was possibly transformed into its present condition by more or less constant sucking and working the lip under the teeth, so inducing an excessive secretion of viscid saliva and mucus. The case had proved most resistant to treatment, a fact which was partly accounted for by the hysterical character of the patient, who made no great effort either to remove the scabs herself or to prevent their recurrence.

Cases of a like nature to this have been exhibited at the Dermatological Society of London by Galloway (*Brit. Journ. Derm.*, vol. vii, 1895, p. 113), and Morris (*Brit. Journ. Derm.*, vol. xi, 1899,

p. 315). In Galloway's case there was also a marked neurotic element in the patient and a similar purulent state of the gums. Somewhat similar cases have been described by Besnier and Doyon under the heading of "Eczéma exfoliant des lèvres," and by Brocq as "Séborrhée des lèvres." It may possibly be allied to the "Cheilitis glandularis" of Volkmann, but in these cases hypertrophy of the mucous glands was a definite characteristic and it was absent in the above case.

Dr. RADCLIFFE-CROCKER said that he had seen a somewhat similar case heal under X-rays.

(5) A case of *multiple Lupus vulgaris following measles*. The patient was a delicate girl, aged 6 years. She was an only child. Her mother was healthy, but her father suffered from pulmonary tuberculosis. When she was 4 years of age she had measles, and immediately afterwards the tuberculous lesions appeared on the skin. The patient was fairly well-nourished, but was pale and anæmic. With the exception of the measles, however, she had had no serious illness. A physical examination failed to detect any signs of disease in her lungs or other stigmata of internal tuberculosis.

When she came under observation at the Victoria Hospital for Children twelve tuberculous lesions were counted on the skin; these were situated on the face, both arms, right leg and right buttock. They varied in size from a split-pea to a shilling, the two largest being situated on the right buttock. The lesions were typical of *Lupus vulgaris* of the nodular variety and were slightly raised above the level of the skin, and brownish-red in colour. The majority of them presented a smooth surface, those on the buttocks being slightly verrucose.

In addition to the Tuberculosis cutis a number of the lupus patches were situated in the midst of a circular patch of inflamed, slightly scaly skin. These patches were markedly circular and varied in size from a shilling to a half-a-crown piece. There were also a number of irregular pinkish-yellow patches of dermatitis about the shoulders and neck. The latter appeared to the exhibitor to be patches of seborrhoic dermatitis, but he was uncertain of the nature of the circular lesions, and he considered the possibility of their having been artificially produced by some application which had been made to the lesions previously. These patches were of recent origin, having only been noticed for a few weeks.

The above case adds yet another to the list of cases of *Lupus vulgaris* developing rapidly after measles. In these cases it is believed that the tubercle bacilli reach the skin *viâ* the blood-stream, and that their source is probably an infected bronchial gland which has broken down as a result of the measles and infected the blood-stream.

The feature of the case which attracted most attention was the inflamed areas in which the lupus lesions were situated. Several members suggested the possibility of their being *Lichen scrofulosorum*, while others considered that they were caused by an irritant application. The exhibitor promised to report further on the case.

Dr. STOWERS exhibited a patient, sent to him by Mr. G. Templeton. James C—, aged 48 years, unmarried (a mechanic engaged in the workshop of a surgical instrument manufacturer), who, three months ago, suffered from a small "blind-boil" upon the right cheek an inch and a half below the eyelid on a level with the ala nasi. A few days later the patient pricked it with a needle and a little sanious fluid escaped. The inflamed area gradually increased and developed into a tense, circular tumour, considerably raised from the cheek, with a smooth dusky red surface upon which a few dilated vessels were visible and freely movable. In the course of eight or nine weeks the tumour was an inch in diameter, and it had not increased in size since. The case was described as an infective granuloma, of septic origin, and the diagnosis was confirmed by other members of the Section.

The treatment adopted was the application of gutta-percha plaster mull (Beiersdorf) containing mercury, carbolic acid, and zinc oxide, and under its influence a marked degree of subsidence had already taken place in the space of a fortnight. In every other respect the patient was in good health.

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NOTES ON THE MEETINGS OF THE DERMATOLOGICAL  
SOCIETY OF LONDON FROM 1882 TO 1894.

By T. COLCOTT FOX, M.B., F.R.C.P.

(Continued from page 364.)

NINETY-SEVENTH MEETING, APRIL 13TH, 1892.

CHAIRMAN, DR. PAYNE.

Dr. PYE-SMITH. *Multiple subcutaneous tumours* in a man, previously a soldier, aged 22 years, of nine months' duration, extremely numerous and scattered indiscriminately over the trunk and limbs; they varied in size from a pea to a hazel-nut, some being attached to others beneath the skin. The excision of one from the forehead and one from the shoulder revealed the fact that they were hydatid cysts (*Cysticercus cellulosæ*).

See *Brit. Journ. Derm.*, vol. iv, 1892, p. 366.

Dr. PAYNE. *Case of pigmented warty growth* on the left cheek, under the eye of a woman, aged 60 years, of two years' duration.

Dr. PENROSE. Male infant, aged 5 months, with acute, localised, *migratory œdema*, the duration of each swelling being about twenty-four hours, followed by copious desquamation. When exhibited the left hand and right arm were affected. There was an erythematous rash on the chest.

Dr. PERRY. (1) Infant aged 1 year and 8 months, with *rounded foveolated scars on the cheeks* the size of a shilling, also one on the ankle. The question arose as to the cause of these scars, which was obscure. The exhibitor suggested *Lupus lymphaticus*. ? Supplementary vaccine vesicles.

(2) Woman, aged 32 years, with *telangiectases* over the cheeks, probably from erythematous rosacea. No obvious scarring was detectable.

Dr. PRINGLE. (1) *A case of Adenoma sebaceum* in a girl, aged 10 years, in which the telangiectatic element was very pronounced on the face. The child was mentally much below par and exhibited many nævoid skin changes in several parts of the body (moles, etc.).

(2) *A case of Acne scrofulosorum, or minute pustular scrofulide*, limited to the arms and legs. It was very abundant on the extensor

surfaces. The patient was a girl, aged 9 years, and the duration of eruption was six weeks. There were no subjective symptoms. There were strumous cervical glands and caries of the spine.

(3) *Case of chronic pemphigus*, or bullous eruption on the legs, the arms having been previously similarly affected. The patient was a man, aged 42 years. The lesions of the arms disappeared rapidly under arsenic.

(4) *Case of Lichen planus et pilaris*, shown at previous meeting, in which peculiar changes had occurred. The spines, previously present, had fallen out, and the case acquired the characters of diffuse Lichen planus.

Dr. Fox. (1) *Two ulcerative cases of Erythema induratum of the scrofulous* (Bazin) in girls.

See exhibitor's paper in *Brit. Journ. Derm.*, vol. v, 1893.

(2) *Acquired syphilis* in a boy, aged 9 years. Over the lower two-thirds of the trunk, especially in front, was a profuse miliary corymbose eruption, like Lichen scrofulosorum. Under hyd.  $\bar{c}$ . cret. the eruption rapidly faded; also what appeared to be mucous patches at the corners of the mouth and on the palate. The neck glands were greatly enlarged. Several members inclined to the diagnosis of scrofula.

*Note.*—This boy was under observation for a long period. The glands were eventually removed and proved to be tuberculous. The eruption was no doubt a Lichen scrofulosus.

(3) *Lupus erythematosus disseminatus* in a woman, aged 31 years. It began at seventeen years of age. There was typical butterfly Lupus erythematosus of the face with outlying discs. The lesions occurred on the ears, neck and scalp. Over the trunk and upper arm were many pigment stains and scars and a number of circular erythematous and scaly discs, with central atrophy. She had hip-disease at four years of age, and her father died of phthisis.

(4) *Lupus nodules* arising from *scrofulous gummata* in two children.

(5) *Lupus nodules* arising from *scrofulous glands*.

NINETY-EIGHTH MEETING, MAY 11TH, 1892.

CHAIRMAN, DR. STEPHEN MACKENZIE.

Mr. HUTCHINSON. *A case of leprosy* chiefly in the erythematous phase contracted ten years before in Barbadoes by a young man, now aged 21 years.

Dr. DUFFIN. *A case of extensive leucoderma* of two years' duration in a woman, aged 40 years.

Dr. MACKENZIE. (1) *A peculiar case of sycosis*, proved microscopically to be a *Tinea barbæ*.

(2) *A severe and almost universal exfoliative dermatitis* of two months' duration in a boy, aged 11 years, with a very strong family history of psoriasis, from which disease he himself had never suffered. (Recovered under treatment with a subsequent relapse.)

Dr. STOWERS. A woman, aged 28 years, with *peculiar dystrophy of the nails* of all the fingers, and of two toes. (Diagnosis ? psoriasis, Hutchinson.)

Dr. CROCKER. (1) *A case of Adenoma sebaceum* of the vascular type in a girl, aged 20 years, who was epileptic and mentally below par, and exhibited various other nævoid growths. The disease began at the age of twelve years.

(2) *A case of extensive Lupus vulgaris* of thirty years' duration, in a woman, aged 38 years. The appearances on the face closely resembled erythematous lupus.

(3) *Multiple telangiectases* on the face of a girl, aged 10 years, of two years' duration.

(4) A woman, aged 33 years, with a growth like *rodent ulcer* at the inner canthus of right eye, of nine months' duration. It was suggested that the growth might have started as a wart, many of which were present on her right forearm. It proved to be epithelioma, and recurred after removal.

Dr. PERRY. *A case of Lichen spinulosus* of twelve months' duration in a girl, aged 7 years.

Mr. HUTCHINSON. Drawings of *yaws* and *Urticaria pigmentosa*.

Dr. THIN. (1) Sections of a lung from a case of *Leprosy*, exhibiting numerous bacilli (? tuberculosis, not lepræ). (2) Sections of skin from a case of *Alopecia areata*, showing cocci.

#### NINETY-NINTH MEETING, JUNE 8TH, 1892.

CHAIRMAN, DR. BRISTOWE, F.R.S.

Sir DYCE DUCKWORTH. *Case of tuberculated leprosy* in a man from the Cape of Good Hope, of eighteen months' duration. The patient was a blacksmith, aged 64 years, with no family connection with foreign people or parts till he went to the Cape thirty-five years ago.

He denied having contact with the leprous, and he had eaten but little fish. His father was very gouty, a hotel-keeper, and died at 84 years. The patient had sixteen children, nine living and healthy, the eldest being aged thirty-four. The patient lived in England and Scotland till twenty-nine years old, when he went to the Cape, and always had good health till thirteen months before. At that time the skin all over the body (face being affected first) became covered with small patches, the size of a half-penny, bluish in colour, not hard and but very little raised, and the exposed parts became much darker in colour. He then felt unwell, but went to work as usual. There was no rigor or pain. Ever since then the skin thickening had diminished generally, but not nearly so quickly on the face and arms. The above-mentioned bluish patches had, in places, left distinctly pigmented patches. There was no anæsthesia. When exhibited he presented indurated thickening of the skin with pigmentation of the face, neck, and forearms, and distinctly of the exposed parts. Patient was sure all the swelling was subsiding. The nasal cavity felt blocked up and he had had "cold" in the throat (larynx) for three or four weeks. The soft palate and pharynx were thickened. The legs were œdematous. Urine: acid, sp. gr. 1015, though dark in colour; heavy haze of albumen. There was cicatricial phimosis, following soft sore but never syphilis. He was of temperate habits, drinking at most two bottles of beer daily, and a glass of brandy and much water.

Mr. HUTCHINSON. (1) *Case of morphaea* in a man, aged 68 years, of three months' duration. There was a remarkable symmetry of the patches situated on the loins, abdomen and legs.

(2) *A case of a Portuguese*, aged 52 years, with an eczematous summer eruption on the face, ears, neck, and backs of the hands, of seven years' duration. Fungating epithelial cancer had developed on the left cheek and lower lip.

(3) *A case of extensive erythematous lupus*, localised to the scalp in a man, aged 25 years, of fourteen years' duration.

Dr. PAYNE. *Case of acute vesicular eruption of the palms* and backs of several fingers (? Cheiro-pompholyx) in a man, aged 36 years. Duration eight days. First attack. Feet unaffected.

Dr. STEPHEN MACKENZIE. *A case of Adenoma sebaceum* in an epileptic, aged 18 years. The duration was three years. Characteristic vascular

lesions occurred on the face. On the back were flat, smooth, uncoloured, small nodules in groups like plane warts.

Dr. PRINGLE. (1) *Case of morphæa* in a young girl, with symmetrical patches on the thighs over the great trochanters.

(2) A boy, aged 5 years, with *Lichen planus acutus* of six weeks' standing. He showed dry squamous eczematoid patches with very definite outlines situated symmetrically on the legs, thighs, buttocks, arms, and round the neck. In the latter situation, however, the outlying—presumably essential—lesions were characteristic planus papules, and were present in great abundance.

Dr. CROCKER. (1) ? *Unusual phase of Lupus erythematosus* (*Erythema induratum* ?) in a young man, aged 20 years. The duration was four years.

(2) A girl, aged 13 years, with *Psoriasis of the limbs, trunk, and scalp*. She had grey hair and a white scalp, and this latter condition preceded leucoderma of the skin, at present existing for six years.

(3) A girl, aged 7 years, *totally bald for about twelve months*. Leucoderma had begun about six to eight weeks. The hair had partially regrown.

Dr. FOX. (1) *Generalised vaccinia in an infant*.

*Note*.—Drawing shown at July Meeting, No. 1254; see *Clin. Soc. Trans.*, vol. xxvi, 1893.

(2) *A baby with tumours of the forehead, ? abscesses or sarcomata, and Lupus of vaccination scar*.

See November 9th, 1892, No. 1268.

#### ONE HUNDREDTH MEETING, JULY 13TH, 1892.

CHAIRMAN, DR. CAVAFY.

Dr. FOX. *Case for diagnosis : vesicating Erythema multiforme ?*

Mr. MORRIS. *Symmetrical sclerodermia circumscriptum* in a woman, aged 50 years, of nine months' duration. Patches on the abdomen and thighs and legs. Peripheral spread of the patches.

Dr. PRINGLE. *Symmetrical sclerodermia circumscriptum* in a woman, aged 78 years, of two years' duration on the thighs and legs. There were patches of whitish induration difficult to distinguish from sclerodermia, but these became converted into large *blebs*.

Dr. STOWERS. *A woman with gummatous ulcer of the chin, and one of the palate*. The duration was three months.

Mr. CRIPPS. (1) A girl, aged 25 years, with *smooth, rounded, livid, coppery nodules* from a pea to a nut in size on the cheeks and extensor surfaces of arms and forearms. There was a doubtful eruption on the shins, of two years' duration. There were no subjective sensations. The nodules commenced subcutaneously and then worked through the upper layers like a gumma.

(2) A woman, aged 30 years, with *ulcerating tubercular syphilide* of the nose. Duration seven weeks.

Dr. CROCKER. (1) A girl, aged 16 years, with *psoriasis*, with unusual distribution on the chest.

(2) A female child, aged 2 years, with a *serpentine red line* over the body and limbs due to migration of a larva.

Mr. ANDERSON. A girl, aged 16 years, with *Keratoderma linearis* of the left trunk and thigh. It was very dark coloured, and had been spreading lately. She had had it all her life. It ended abruptly at the mid-line in front and was distributed round the trunk apparently in the course of the nerves.

Dr. MITCHELL BRUCE. (1) *A case of Raynaud's disease* in a man, aged 42 years, of the hands and ears, with marked patches of telangiectases over the face and nose and neck, about ears, the duration was ten years. The hands were warty and cold and the tips atrophied. Crusted scars were present on the hand, and patches on the feet. There was no hæmoglobinuria. (P.S.—Condition unchanged, February, 1894.)

(2) *Multiple tumours* all over the trunk and limbs, varying in size from small tags to nut-sized, in a man, aged 28 years; they were very soft tumours. Many disappeared, leaving soft places, and there were many large pigment stains (patches). Diagnosis: ? Lymphangioma or M. fibrosum. Duration all his life.

Dr. PERRY. A man, aged 64 years, with a *few discrete finger-nail-size, atrophic, round or oval deep stains on flexor aspect of forearms*. The duration was four months. He had had syphilis thirty years before, and the lesions looked like syphilitic stains and scars, but the man denied the pre-existence of nodules.

Mr. SHEILD. *Chancre* of the left forefinger. There was no enlarged supra-trochlear glands. There was a roseola rash on the abdomen, and a bubo in the axilla.

Dr. CROCKER. (1) *Ichthyosis*: very congested and looking like a

very small patterned Pityriasis rubra. There were no lobes to the ears.

(2) Drawings of *morphœa* of the fifth left nerve in a girl.

Dr. Fox. (1) *Generalized vaccinia*.

(2) Drawing of *generalized roseola* after vaccination.

ONE HUNDRED AND FIRST MEETING, OCTOBER 12TH, 1892.

CHAIRMAN, DR. ROBERT LIVEING.

Dr. Fox. Man with a *chronic erythematous ringed eruption* of the buttocks, legs, and flexor surface of forearms, indolent, unchanging, not yielding easily to external stimulants and parasiticides. Diagnosis: ? Ringworm (no fungus). *Seborrhœa corporis*? *Psoriasis*?

Dr. PAYNE. A girl with a *chronic symmetrical erythematous* circular plaque at the root of each thumb; also one in an earlier stage on the back of one finger. The central part had died down, the border was raised and rough and verrucose. No fungus was found, and the lesions were not coarse enough for lupus.

Dr. PERRY. A girl, aged 13 years, with *numerous plane warts* studded thickly over the whole face and the hands and forearms. The duration was nine years. It was exactly like Dr. Thin's case recorded in the Royal Medical and Chirurgical Society's *Transactions*. In the latter case the warts all disappeared after the birth of a baby.

Dr. CROCKER. A woman, aged 34 years, with well-marked flat *morphœa* of the left fifth nerve (ophthalmic branch). The nose was not affected; the duration was nine years. She had been subject to severe neuralgia after any worry or excitement.

Dr. STEPHEN MACKENZIE. A woman, aged 29 years, who had been married ten years, and was the mother of several living healthy children, with *Acne varioliformis* of the upper half of the forehead and throughout the scalp. The nodules were not very marked, nor was there much scarring and no pits. The duration was a few months; it was worse just before each menstrual period. There was no history of syphilis.

ONE HUNDRED AND SECOND MEETING, NOVEMBER 9TH, 1892.

CHAIRMAN, DR. STEPHEN MACKENZIE.

Dr. CROCKER. (1) A woman, aged 56 years, with a *painless, semi-translucent, cartilaginous, nodulated growth*, the size of a bean, on the

forehead. The duration was ten to eleven years, but growing faster in the last six months. It was excised and found microscopically to be a hard rodent ulcer.

(2) A girl, aged 15 years, with an *erythematous and bullous eruption* over nearly the whole of both arms from the wrist to the shoulders. One bulla like pemphigus occurred on the flexor aspect of the left forearm. The eruption was irregular in contour and patchy and striped, and Dr. Crocker believed it was done with a paint brush and turpentine. The father was a painter.

Dr. PRINGLE. (1) A woman, aged 49 years, with a few itching masses of *hypertrophic Lichen planus* of the left leg and thigh only. The duration was from six to seven years.

(2) A man, aged 44 years, with *verruccose patches* on the outside of the left leg and ankle.

A discussion ensued as to whether all such cases were of Lichen planus nature. The general opinion was in favour of Lichen planus. Dr. Fox thought it was a distinct Keratosis pilaris, which aggregated, became confluent and verrucose, simulating Lichen planus, like others previously brought forward. See May 13th, 1891.

Dr. CROCKER. A man, aged 39 years, with a *papular acneiform disseminated eruption* of the scalp, forehead, face; closely aggregated in the whiskers. There was hardly any scarring and no crusting, except in the scalp. There was no history of syphilis. ? Acne varioliformis. Subsequent observation showed that this view was correct.

Dr. PERRY. A man, aged 39 years, with a general eruption of *Lichen planus* quite typical, but supposed by his doctor to be contracted from a cow. It was most developed on the chest.

Mr. MORRIS. A *choreic girl*, aged 16 years, who had been taking arsenic for six years. The neck and trunk were certainly pigmented diffusely, but standing out clearly were white scars, thickly distributed over the upper trunk. Some, especially over the mammæ, were bulged. The scars were small, thickly disseminated, and of various shapes, some being evidently due to scratching. She had pedic. cap., and Mr. Morris said the scars were due to pediculosis and scratching and the pigmentation arsenical.

Dr. Fox. A baby, aged 14 months, previously shown on June 8th, 1892, with *multiple tuberculosis lesions*, lupus of the vaccination scar; dactylitis (two phalanges and a metacarpal); pulpy degeneration of left elbow-joint and left knee; enlarged, hard, epitrochlear glands,



cold sub-periosteal abscesses of the forehead; Lichen scrofulosorum of the thighs, mostly disseminated, but one characteristic aggregation on abdomen; several large acneiform pustules of thighs, with solid, coppery, prominent bases, and superficial phlegmons (? abscesses) of buttocks.

*Note.*—The acneiform lesions developed into lupus patches before the death of the child from tuberculous meningitis.

Dr. PENROSE. *Unusually large jointed mycelium* from the hairs in a case of chronic ringworm.

#### ONE HUNDRED AND THIRD MEETING, DECEMBER 14TH, 1892.

CHAIRMAN, MR. M. SHEILD.

Mr. MORRIS. (1) A child, aged 3½ years, with well-marked *macular Urticaria pigmentosa*, which began a fortnight after vaccination at three months of age.

(2) A boy, aged 11 years, with numerous *moles* on the face (two on arm) of two years' standing, which were said to begin with blisters.

(3) A man, aged 62 years, exhibited at this Society on April 11th, 1888. Opinions were divided as to the diagnosis between *syphilis* and *Mycosis fungoides*. There were multiple symmetrical, hypertrophic and ulcerating plaques on the body and limbs. The tongue was deeply ulcerated, and the palms were in a state of chronic inflammation. The duration was somewhat uncertain, but was said by the patient to have been something like twenty-five years. Anti-syphilitic treatment proved useless.

(4) *Case of ichthyosis* in a girl, aged 14 years, with extreme discolouration of the palms. On the trunk the disease was little marked.

Dr. STEPHEN MACKENZIE. (1) *A case for diagnosis*. Girl, aged 16 years, with congenital papular growths in the right temporal region and adjoining scalp. It began to increase in area at ten to eleven years of age. ? Same as Crocker's congenital sebaceous disease.

(2) A woman, aged 48 years, with an almost universal eruption of *comedones* set in follicular miliary papules, many of which had become pustular. In various regions there was a condition like *Keratosis pilaris*, e.g. backs of fingers. Over the other regions, e.g. temples, there were larger nodular lesions. The author was inclined to attribute the lesions to bromides and the resemblance to Darier's disease was also noted. Duration one year.

Subsequent progress showed that it was a case of Darier's disease.

Dr. WEST introduced by Dr. Fox. *A typical case of Dermatitis herpetiformis* in a woman.

Dr. PENROSE. A female infant, aged 2 years, with a disease for diagnosis (? *urticaria*). It began as infiltrated, firm, erythematous papules, which extended centrifugally to form circular and circinate lesions, the skin in the centre being healthy. The duration was four months, coming on after measles. The lesions had nearly doubled during the last fourteen days.

*Note.*—Recorded in *Brit. Journ. Derm.*, vol. v, 1893, p. 210.

Dr. PRINGLE. (1) Woman, aged 25 years, with *Lichen planus* plaques on the arms (two months), and circular, extremely hypertrophic and verrucose patches on the legs (four months).

(2) Girl, aged 18 years, with *elephantiasis* of the right leg, apparently the result of an abscess in the groin complicating small-pox two years before. Over the upper and inner surface of that thigh were numerous pedunculated little growths (*lymphatic varices*) from which milky fluid was said to exude on puncture.

Mr. ANDERSON. *Case of localised sclerodermia* in a girl, aged 20 years, in two patches, one situated in the left supra-clavicular region, with atrophy and satellite macules around; the other on the right side of abdomen. The latter was studded with comedones. Duration nearly twelve months.

Dr. CROCKER. *Case of hypertrophic nodular rodent ulcer* involving the left inner canthus and side of the nose. (? Crateriform ulcer.) The patient was a man, aged 62 years, and the duration six years.

Dr. STOWERS. *Case of atrophy and dystrophy* of the nails in a girl with weak peripheral circulation. The duration was two years.

Dr. Fox. (1) A girl, aged 21 years, with *cutaneous nut-sized nodules* imbedded in the skin of *one* calf, just below the belly of the gastrocnemius, and deep punched-out ulceration. It had existed for three months, and anti-syphilitic treatment had proved useless.

(2) A woman, aged 35 years, with many patches of *Lupus erythematosus* confined to the parietal region of the scalp.

ONE HUNDRED AND FOURTH MEETING, JANUARY 11TH, 1893.

CHAIRMAN, DR. RADCLIFFE-CROCKER.

Dr. ALDERSMITH. Boy, aged 15 years, with *dystrophy of all the toe- and finger-nails*, of three years' duration, associated with cold extremities.

Mr. MORRIS. (1) *Case of nerve leprosy* in a man, aged 46 years, who had been resident in England since 1878, but had previously been in India, South America, etc. The first skin trouble noted was a patch of erythema on the face in 1885 (Dublin). In 1886 he was under Dr. Cavafy with erythematous patches on the trunk and blebs. He had extensive patches on the back and especially the buttocks, and ulceration about the legs and hands. The face and ears were unaffected. There was no atrophy of the extremities, and no distinct nerve-thickenings. Much pain was complained of.

(2) Man, aged 45 years, with patch of superficial *ulcerating epithelioma* between the eyebrows at the root of the nose. It was the size of half-a-crown, and simulated Paget's disease. The duration was thirteen years. Its epitheliomatous character had been determined by the microscope some time before.

(3) A man, aged 45 years, with an almost *universal eruption for diagnosis*, of twenty-one years' standing. The eruption was very thickly disseminated over the trunk, like lichen or prurigo papules, and on the limbs was confluent with considerable thickening of skin and enormous enlargement of the inguinal and axillary lymphatic glands. Itching was severe at times. The palms were eczematoid, and the face was recently involved with an erythematous rash. On the back of one hand was a new growth the size of a shilling, and on one temple and on the forehead two smaller ones. The general health was fairly good. The general opinion favoured the diagnosis of *Mycosis fungoides*.

(4) Man, aged 42 years, with *deep scarring of nose and adjacent cheeks*, considered by all to be syphilitic, despite the absence of history.

Dr. PRINGLE. (1) *A case of bullous erythema* in a woman, aged 37 years, affecting the hands and forearms, the lower lip, and palate, and tongue. The duration of attack was ten days. She had suffered from slight attacks of *Erythema multiforme exudativum* at irregular intervals about three times yearly for about six years. There was no history of rheumatism.

(2) A woman, aged 46 years, with an eruption of three years' duration involving the face and ears in a manner simulating a superficial *Lupus erythematosus discoides*, spreading by circles or segments over the back of the neck, and with much seborrhœa of the scalp.

Some members were of the opinion that it was of specific origin, but great improvement had taken place under ichthyol internally and a zinc ointment.

Dr. CROCKER. *A case of localised sclerodermia* in a girl, aged 8 years, involving the area of distribution of the left supra-orbital and nasal nerves, with patches on the left lower lip and cheek. The duration was six months. It had spread under observation.

Drawing shown *vide Atlas*, Plate XLIX.

Dr. ABRAHAM, introduced by Dr. Fox. *A case for diagnosis* in a girl, aged about 20 years. Clinically it resembled the cases of benign cystic epithelioma of Quinquaud, Jacquet, Brooke, etc., but histologically the lesions were inflammatory.

#### ONE HUNDRED AND FIFTH MEETING, FEBRUARY 8TH, 1893.

CHAIRMAN, MR. JONATHAN HUTCHINSON, F.R.S.

Dr. STOWERS. Girl, aged 11 years, pallid, and with a *pigmented growth* on the left ear of nearly a year's duration. ? Melanotic sarcoma.

See *Brit. Journ. Derm.*, 1893, p. 305 ; also March 8th, 1893.

Mr. MORRIS. *Unusually severe case of comedones and acne of face and trunk* in an idiot, aged 20 years. The comedones were copious, surmounted with deep blue caps. There were cysts, or furunculated lesions. The duration was two to three years.

Dr. FOX. A man, aged 38 years, with a *grouped vesicular eruption* on the legs and arms, illustrating the difficulty of deciding between some cases of chronic eczema and Dermatitis herpetiformis. The duration was ten months.

*Note.*—Subsequent observation confirmed the diagnosis of Dermatitis herpetiformis.

Dr. PRINGLE, for Dr. SIBLEY. *A case for diagnosis.* The eruption was present since Christmas last, being confined to trunk. There was, however, some history of an eruption from birth. The eruption was copious, discrete, leaving deep stains ? from arsenic. At the moment there are no primary lesions out. ? Prurigo. ? Hydroa.

*Note.*—This man was subsequently admitted to the Marylebone Infirmary, and syphilis being suspected he was given iodide of potassium. Thirteen days after admission he burst out with a pustular eruption nearly all over. The lesions were umbilicate over the temples. *There had not been the slightest febrile process, and the man had eaten his meals heartily each day. An ex-medical*

superintendent of one of the fever hospitals diagnosed varicella. I, another ex-superintendent, after great hesitation thought it probably due to potassium iodide. The eruption turned out to be variola, and the man infected other inmates.—T. C. F.

Dr. MACKENZIE. (1) An anæmic boy, aged 14 years, with *sclerodermia diffusa* of one year's duration. He had typhoid fever two years before. There was no history of rheumatism. He had Raynaud's disease of the hands. The whole surface had been, and was then to some extent, affected. It began in the hands and feet.

Subsequently proved fatal. No autopsy.

(2) A second case of *diffuse sclerodermia* in a girl, aged 9 years. It began at three and a half years, and there was considerable contraction of hands. There was no Raynaud attacks, and no history of rheumatism or anæmia.

Condition still present, according to medical attendant, in October, 1894.

Dr. STOWERS. *Rodent ulcer*, shown previously on January 13th, 1892, on the left temple of a man, aged 27 years. It was first noticed as a pimple in 1886, when the patient was about twenty-one to twenty-two years of age. There was no family history of cancer. The growth was excised twelve months before and was growing again.

Dr. PERRY. A woman, aged 46 years, with a *patch of induration* (? *solid œdema*) on the inner side of the lower third of the leg. The skin over it was rather reddened, but apparently only secondarily. There were varicose veins, and a sharp delimitation below where the boot pressed. The duration was four years.

Dr. MACKENZIE. A woman, aged 20 years, with a *nodular eruption* of the lower third of the legs, beginning below the calves at the age of fourteen, and considered by some members to be Bazin's disease (Eryth. induré). The lesions were distinct pea-sized subcutaneous nodules, which were gradually projecting and becoming violaceous. On the knees were acneiform lesions leaving marked scars. On the upper and lower arms (duration two to three years) were discrete lesions which began as tiny deep-seated papules or nodules, and projected and finally underwent a necrotic process, forcibly reminding one of *Acne varioliformis*. The crust, however, was hardly below the surrounding level. On the backs of the fingers were felt one or two deep-seated small nodules, almost like rheumatic nodules, but they evidently pustulated, as some acneiform pustules were present.

There were two nodules on the lobes of the ears, and a scar on the cheek. She was subject to chilblains. The father and a patient's sister had died of phthisis. Crocker regarded it as an *Acne scrofulorum*.

See also March 14th, 1894.

Dr. PERRY. A boy, aged 4 months, unvaccinated, with a most *copious eruption* of firm shotty papules all over the trunk, limbs, neck, and face. On the hands there are many perfect vesicles and small bullæ. There was a history of copious wheals at night. The duration was one week. Diagnosis: ? *Urticaria papulosa et vesiculosa*.

# ONE HUNDRED AND SIXTH MEETING, MARCH 8TH, 1893.

CHAIRMAN, MR. MALCOLM MORRIS.

Mr. HUTCHINSON for Dr. BAGSHAW. A man, aged 21 years, badly developed, both mentally and physically, with an enlarged spleen and fluid in the abdomen. He presented numerous subcutaneous swellings over the trunk, neck, and extremities of five years' duration. In certain situations these were arranged in chains (*e.g.* neck, above inner side of elbows), but there was no tenderness. In addition he had many large pigment patches over the trunk and much fine mottled pigmentation. The result of microscopical examination of an excised tumour appeared inconclusive. Diagnosis: Multiple neuromata or *Molluscum fibrosum*.

Dr. SAMUEL WEST. (1) *A bullous eruption* confined to the face and ears in a man, aged 38 years, of twenty years' duration. Diagnosis: Recurrent herpes.

(2) A boy, aged 14 years, with fine *guttate psoriasis* chiefly of trunk of some years' duration, and said not to have altered within that time (?).

(3) *A circinate eruption* in a child, aged 2 years. Its distribution was over the trunk, and the essential lesions were vesicles which spread centrifugally. The general opinion was that it was an unusual case of *Dermatitis herpetiformis*.

(4) *A very severe tuberculous ulceration* and scarring of the face and limbs with elephantoid enlargement of right foot and leg.

*Note.*—This man was formerly under the care of Dr. Colcott Fox for years, and was still seen by him from time to time. The disease manifested itself in infancy by an abscess on the foot and diseased bone. Thereafter other abscesses

formed up the limb, also circinate patches of lupus on the thigh and suppurating glands of the inguino-femoral region, with consecutive elephantoid enlargement of the limb. He also had suppurating glands of the neck and lupus of the face. He is now well except for one or two recurrent nodules. At one time he had an abscess all round the knee-joint simulating diseased knee-joint. I have seen one similar instance of this. The patient also had erythrasma of the inguino-femoral regions.—T. C. F.

Dr. CAVAFY. A girl, aged 17 years, with very numerous small and flat *warts* over the forearms, hand, and forehead. Duration, twelve months.

Mr. MALCOLM MORRIS. A man formerly engaged with horses, with very extensive *ulcerations and cicatrices* on the left thigh and both arms and considerable contraction. The duration of the disease was sixteen years. Eleven years before the patient had a sore on his penis which did not react to anti-syphilitic treatment. Diagnosis: Glanders (Morris), vel syphilis.

Dr. CROCKER. A man, aged 20 years, engine cleaner, with a *superficial curiously patterned eruption* on the palms, of one year's duration, probably due to the presence of a micro-organism in a hyperidrotic hand. He got well under treatment, but it recurred some months later.

Dr. COLCOTT FOX. (1) A man, aged 48 years, with ? *prurigo*. The whole trunk and upper limbs were copiously studded with pale or pink, rounded, hemp-seed papules, mostly only seen in a side light. The intense itching was shown by numerous excoriations and crusts. There was a history of "swine pox" (? *Lichen urticatus*) in infancy and as long as the patient could remember. The face, hands, feet, and great flexures were free. On the legs the itching was intense. There were no buboes.

(2) A young man, aged 22 years, of fine physique and health, with a *chronic bullous circinate eruption* on the trunk, legs and arms, with some indication of erythematous blotches on the face; the duration was two years. On the trunk were sparsely-scattered clear globose vesicles or bullæ, spreading peripherally to the size of a sixpence or a shilling (one on chest size of five-shilling piece). The collapsed bullæ healed in the centre and were bordered by a rim of continuous vesication like a spreading *Impetigo contagiosa* bulla. The evolution was continuous. There were no violent outbreaks and no great irritation. Sometimes the margins of the lesions appeared to be vesicular.

*Note*.—This eruption continued on and off for the two years he was under my observation.—T. C. F.

Dr. STOWERS. Two microscopical sections of a tumour of the ear shown at the previous meeting, proving the diagnosis of *melanotic sarcoma* to be correct.

ONE HUNDRED AND SEVENTH MEETING, APRIL 12TH, 1893.

CHAIRMAN, DR. BRISTOWE, F.R.S.

Dr. PAYNE. (1) *Xanthoma papulatum* in a healthy female child, aged 3 years, of two and a half years' duration. Its distribution was on the cheeks, shoulders, and over the deltoids and thighs.

(2) *A case for diagnosis*. A female, aged 25 years, with very curved nails (almost clubbed) and chilblain-like lesions over the backs of the fingers, the smaller of which were pustular. The duration was several months. On the forearms were sparsely disseminated erythematous nodules, and in the bend of the right forearm two out-lying pustulated nodules like lupus, and a mass looking like scrofuloderma.

Dr. PERRY. A girl, aged 16 years, with *permanently violaceous cold hands and chilblain-like lesions leaving scars*. It had occurred three winters successively.

Dr. CROCKER. A woman, aged 50 years, with patches of *morphœa* of twenty-eight years' duration over the lower part of the abdomen; much pigmented and simulating melanoderma. Over the clavicular region were recent patches of *morphœa* (two months).

Mr. Hutchinson remarked that he had that morning seen a woman with "zonular pigmented *morphœa*" *i.e.* ivory patches in zones, distributed in the clavicular regions, across the lower part of abdomen and down the thighs with an asymmetrical patch up the left forearm and left leg.

Dr. Fox. (1) A man, R. M—, aged 36 years, with recurrent *Lichen planus* of five or six years' duration, who had been the subject of a clinical lecture on *Lichen planus* by Dr. Tilbury Fox, in 1875. A row of umbilicated papules on the wrist, and others non-umbilicated on the flanks, thighs, and legs. He was a sergeant in the army and had just returned from India.

(2) *A case for diagnosis*. A man, aged 36 years, with hæmorrhagic erythematous macules all down the œdematous legs. There was no distinct history of rheumatism.



A conversation arose as to its relation with Peliosis rheumatica, Purpura thrombotica, and the hæmorrhagic urticaria sometimes seen in connection with gastric and intestinal ulceration, accompanied with melæna, etc. Several members recognised the condition as a good example of cases they had met with of a similar nature.

Dr. WEST. (1) A girl, aged 18 years, with an *urticaria-like eruption* over the trunk, especially the back, and an erythematous eruption of the legs. Diagnosis, ? pruritus with secondary eruption. The duration was nine years.

(2) A young woman with *Molluscum contagiosum* round the neck and on the forearm, of two months' duration.

(To be continued.)

## REVIEW.

### SKIN-AFFECTIONS IN CHILDHOOD.\*

THE scope of this volume is a limited one, for the author tells us at the outset that it is simply a practical guide to the clinical study and treatment of the more common skin-affections in children. A limitation of this sort is a great advantage, for it gives possibilities to the book which are absent in the small manuals which attempt to guide the student to a knowledge of dermatology or some other special branch of medicine by a sketchy description of the diseases of the organ more or less inadequately illustrated. Here the writer has set out to do a definite piece of work, with, for practical purposes, a sufficient space to do it in, and on carefully reading the book I feel certain that everyone must agree that it has been well done. Of course it is a debatable point whether it is advisable to consider the skin-affections of children apart. It must be conceded, however, that the skin is more sensitive than that in adult life, that various factors in etiology, such as mental disturbances, can be largely eliminated in infancy and early life, and that there are certain skin-affections, such as small-spored ring-worm, Lichen urticatus, and those of congenital syphilis, which are almost peculiar to children. Still the arguments in favour of a special treatise on the skin-affections of senile life are as convincing. For the success of this special volume of the Oxford Medical Manuals the publishers have been most fortunate in having as its author one who has had such opportunities for specially studying skin-diseases in children as the writer. Dr. Adamson has adopted ætiology as the basis of his classification, and has considered the various skin-affections under the following given headings: (1) Congenital affections; (2) affections due mainly to direct physical causes; (3) affections due to local parasitic action—(a) animal; (b) mould fungi; (c) microbic; (4) affections due to toxæmias and to general microbic infections; (5) affections of nervous origin; (6) affections of unknown origin.

Throughout the description of the diseases are terse and graphic, those on

\* *Skin-Affections in Childhood.* By H. G. ADAMSON, M.D., M.R.C.P. London: Henry Froude and Hodder & Stoughton, 1907. Price 5s. net.

treatment being reliable and up-to-date. It is in the sections on the ætiology, however, in which the author is shown to best advantage, for there are evidences of keen observation, a wide knowledge of the literature on the subject, and a broad appreciation of the opinion of others, and in expressing his own views the writer has avoided in the most attractive fashion the pitfall of obtrusive egotism.

There are a few points which may be noted with special interest in reading the volume. In connection with the pathology of soft moles the writer states, perhaps too categorically, that they take their origin from the epidermis. Several recent observations, on the other hand, seem to suggest that there are moles which originate in the corium from mesoblastic cells. With regard to the treatment of cutaneous nævi the author protests against indiscriminate operating at an early age, pointing out that they occasionally involute themselves, or disappear under simple measures, such as pressure from collodion, and advises reserving treatment, unless the nævus is actively increasing, until the end of the first year or later. In the description of ringworm a detailed account is given of the X-ray method of treatment, in reading which an impression of simplicity is given which is, perhaps, somewhat misleading. In the hands of an expert, such as the author, with the apparatus all specially adjusted for the purpose, the operation is undoubtedly simple, but owing to the dangers of an over-exposure it is wise to counsel the novice to walk warily at first. With respect to the tuberculin treatment of tuberculosis cutis the writer observes that: "The method of Wright is no doubt of very great use in many cases of extensive lupus, but is too elaborate at present for routine application, and, except from a scientific point of view, to early cases of lupus in children, which can be cured by other means." It is not quite clear what the writer means in the latter half of the above sentence, but with the view that it is too elaborate for routine application I am in accord, and am not convinced that, in the case of commencing lupus in children, it can do anything which cannot be equally if not more effectively done by local measures.

The volume is well illustrated by a number of diagrams indicating the distribution of various skin-affections, and by a series of photographs, some of which are from the author's own collection. A list of formulæ of the principal remedies for external application mentioned in the text is appended.

J. M. H. M.

## CURRENT LITERATURE.

**ON TUMOUR-FORMING LUPUS.** W. HENCK. (*Archiv f. Derm. u. Syph.*, October, 1906, p. 9.)

By tumour-forming lupus the writer means the rare type of *Lupus vulgaris* in which the lesions are large and pad-like, with a well-defined edge, and exhibit little tendency to infiltrate the neighbouring tissue or to break down and ulcerate. The first case of this type was demonstrated by Pick at the first Congress of the German Dermatological Society in 1889. A moulage was made of the case, and a photograph of it is appended to this paper. The moulage showed the face of a girl, aged 15 years, with an oval tumour, about the size of half an acorn, situated

on each cheek. The tumours were soft in consistence, with a red and crusted surface. They were clearly demarcated from the surrounding skin. The histological appearances presented by one of the lesions consisted of a well-defined tuberculous granuloma with numerous giant cells. Similar cases have been recorded by Hahn, Doutrelepon, Walther Pick, Lang, and others. In a few of them, such as those of Doutrelepon and Hahn, tubercle bacilli were found, but in the majority the search for the bacillus gave negative results. With regard to the manner of infection there is, according to the author, no satisfactory theory. In several cases marked foci were found around the blood-vessels, independent of the main tumour mass, suggesting a metastasis from some focus at a distance, and a dissemination through the blood.

J. M. H. M.

**RESEARCHES ON THE SPIROCHÆTA PALLIDA.** A. KRAUS. (*Archiv f. Derm. u. Syph.*, October, 1906, p. 39.)

In this contribution a variety of syphilitic lesions were examined for the *Spirochæta pallida*, with the following results: In nine cases of primary chancre the spirochæte was found in three. In thirty-one cases of syphilitic condylomata, twenty-three gave positive results, while in seven cases of gummata examined no spirochætes were detected. In three out of four cases of congenital syphilis the spirochæte was found. Various pathological conditions other than syphilitic were examined as a control, such as Condyloma acuminatum, carcinoma, pemphigus, and impetigo, but all with negative results.

J. M. H. M.

**LIST OF BOOKS, PAMPHLETS, ETC., RECEIVED.**

From HENRY FROWDE, and HODDER & STOUGHTON, London, 1907. *Skin Affections in Childhood.* By H. G. ADAMSON, M.D., M.R.C.P. Price 5s. net.

From SIDNEY APPLETON, London, 1907. *The Principles and Practice of Dermatology.* By WILLIAM ALLEN PUSEY, A.M., M.D. Price 25s. net.

From GEORGE PULMAN & SONS, London, 1907. *Ophthalmia Neonatorum.* By SYDNEY STEPHENSON, M.B., C.M. Price 12s. 6d. net.

*Transactions of the American Dermatological Association* at its Thirtieth Annual Meeting, Cleveland, May 31st—June 2nd, 1906. Official Report of the proceedings by OLIVER W. WENDE, M.D., Secretary.

From CASSELL & Co., Ltd., London, 1907. *Light and X-Ray Treatment of Skin Diseases.* By MALCOLM MORRIS and S. ERNEST DORE. Price 5s.

From CASSELL & Co., Ltd., London, 1907. *Surgical Applied Anatomy.* By Sir FREDERICK TREVES, Bart. Fifth edition. Revised by ARTHUR KEITH, M.D., F.R.C.S. Price 9s.

# THE BRITISH JOURNAL OF DERMATOLOGY.

DECEMBER, 1907.

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## THE QUESTION OF THE TUBERCULOUS NATURE OF LUPUS ERYTHEMATOSUS.

By J. L. BUNCH, M.D., D.Sc., M.R.C.P.,

*Physician-in-Charge of the Skin-Department, North-Eastern Hospital for Children.*

THE question of a relationship between Lupus erythematosus and tubercle has given rise to much discussion, and those who assert that such a relationship exists have brought forward many arguments in support of their contention. They state that in many cases there has been a family history of tubercle, and in a considerable proportion of patients suffering from Lupus erythematosus there have been present tuberculous lesions of glands, bones, or internal organs. Some of the cases have eventually succumbed to phthisis. Besnier and Hutchinson have even found tuberculosis to be associated more frequently with Lupus erythematosus than with Lupus vulgaris. Kaposi's statistics were eloquent; of his 11 fatal cases 8 died of tuberculosis, the other 3 of "pneumonia." Boeck found evidence of undoubted tuberculosis in 28 out of 42 common discoid cases, 8 others had strumous ophthalmia, and of 3 cases observed in children of five years and upwards all were manifestly tuberculosis. All Boeck's fatal cases died of tuberculosis. Roth found evidence of tubercle in 185 out of 250 collected cases, and Veiel in 39 out of 119. Sequeira published statistics of 71 cases at the London Hospital, and in 34 of these cases there was a family history of tubercle. In 7 out of 11 disseminated cases there was evidence of tuberculosis in the patient, and in 8 of these 11 cases there was phthisis in the family. In America, cases of the disseminated type have been recorded by Hardaway, Fox, Bulkley, and others, in which tuberculosis or some suggestive pulmonary disease developed and rapidly led to the patient's death.

Fordyce and Holder have reported a few cases associated with tuberculosis, and referred also to cases brought forward by other observers.

But the proportion of tuberculous cases has been shown by some observers to be not so great. Of 31 cases observed by Kopp, in only 11 could any relationship with tuberculosis be demonstrated, and he concluded that Lupus erythematosus is a non-tubercular disease or cannot be regarded as a single disease. The most interesting of his cases was Case 4, in which Lupus erythematosus was associated with Lupus vulgaris, but here, of course, the association may have been purely accidental. In 37 of Sequeira's 71 cases it was definitely stated that there was no consumption in the family. The association of Lupus erythematosus and tuberculosis may undoubtedly occur in the rare malignant cases, such as those described by Kaposi and Brocq, but such association is seldom found in the ordinary chronic form of Lupus erythematosus, and some dermatologists of experience have never seen a case of Lupus erythematosus co-existing with Lupus vulgaris or other form of cutaneous tuberculosis. But even the occasional co-existence of these two diseases would not prove the tubercular nature of Lupus erythematosus, and in discussing the ætiology of Lupus erythematosus it would seem possible to attach overdue importance to the fact that some of the patient's relatives are or have been suffering from tuberculosis, and it is certain that cases occur in which the most careful examination fails to elicit any family history of tuberculosis. Against the tuberculo-toxic origin of Lupus erythematosus it is pointed out by Crocker that in the early days of the employment of tuberculin for Lupus vulgaris and phthisis, thousands must have had the tubercle toxins injected, but in no recorded case was Lupus erythematosus produced; moreover, tuberculin caused either no reaction or only a trifling one in all but a very few cases of Lupus erythematosus in which it was injected.

The transitional cases between Lupus erythematosus and Lupus vulgaris on which so much stress has been laid by French authors are certainly very rare. The differential diagnosis between the two diseases cannot, it is true, always be made at a glance in the early stages, but in the fully developed disease there is rarely much difficulty. Histologically there are well-marked differences between the two diseases. In Lupus erythematosus it used to be held that the

starting point of the diseased process was in the subcutaneous cellular tissue, but the researches of Leloir and others point rather to the upper portion of the corium, which shows great infiltration of small round cells, becoming less dense in the deeper layers of the corium and subcutaneous tissue. This infiltration is especially well marked at the level of the sebaceous glands and along the length of the blood-vessels. The endothelium of some of the vessels undergoes proliferation, which is so great in some cases as to block the vessel lumen. No giant cells are seen like those in *Lupus vulgaris* and tuberculous tissues generally, nor do the infiltrating small round cells tend to group themselves to form nodules, as in *Lupus vulgaris*. These cells break down after a time and undergo fatty or colloid degeneration, the rete becomes thinned and the ordinary atrophic changes take place on the surface. In *Lupus vulgaris*, on the other hand, the lesions are essentially granulomata composed of small round cells, epithelioid and giant cells, grouped into nodules and undergoing central necrosis. An essential feature is the presence in these nodules of tubercle bacilli.

Boeck describes the main pathological changes in *Lupus erythematosus* as being successively vasomotor dilatation of the vessels, intoxication of the tissue-cells, and secondarily to the latter, inflammation; the whole resulting often in atrophy, or exceptionally in necrosis. Fordyce and Holder look on it as an angio-neurosis, a cutaneous inflammation due to local causes, a specific inflammation due to micro-organisms; a form of tuberculosis produced by a species of bacilli supposed to differ from those found in the lungs and in *Lupus vulgaris*, a neuritic inflammation of the skin, the result of the growth of the tubercle bacilli in the nerve-fibres in analogy with the skin changes caused by nerve leprosy.

Besnier states that without doubt tuberculosis can bring about erythema and erythrodermia, and whereas formerly for the demonstration of the tuberculous nature of an infection tubercle bacilli must be found, nowadays, when it is known that (as shown by tuberculin injections and post-mortems) tuberculous foci can lie latent for long periods of time, and by infinitesimal doses of toxines infection can be brought about in their immediate neighbourhood and at a distance, we must bear in mind the possibility of certain erythemata of a transient nature being of tuberculous origin. Thus Bielt's *Erythème centri-*

fuge can absolutely disappear without being followed by further lupus changes.

There is little to be said for Jacquet's theory that the central lesion of Lupus erythematosus is sclerosis and slow destruction of the inferior cervical ganglion, nor do theories assuming the involvement of trophic centres appear very plausible, even when Jacquet and Lenglet's cases are taken into account.

The theory that the lesions of Lupus erythematosus are caused by some toxines conveyed by the blood-vessels receives support from the fact that the blood-vessels are the first structures to be affected, and the vaso-dilatation associated with the erythema may be due to the direct action of this toxine. Moreover, the affection is symmetrical. But, if this be the case, what determines the site and distribution of the disease, and why are the disseminated forms of Lupus erythematosus so very rare? Is the circulation of the cheeks so feeble, and are these areas exposed to more sources of irritation than some other parts of the body? Very few cases of Lupus erythematosus disseminatus are ever recorded, and yet the number of patients with localised foci of tuberculosis is extremely great. Seborrhœa congestiva and rosacea have been held to be the predominant factors in many cases of Lupus erythematosus, but it is certain, as has been shown by Hebra and Kaposi, that these affections may exist for years without becoming transformed into Lupus erythematosus, nor have we any proof that the injection of tuberculin or the absorption of tubercular toxines would transform the one disease into the other. It might be argued that the tubercular toxines circulating in the blood would be enabled to attack those blood-vessels which were already dilated or whose nutrition was affected by Seborrhœa congestiva so that they could not eliminate the tubercular toxine. If such toxines could induce erythema and erythrodermia they might thus give rise to the erythematous stage of Lupus erythematosus. And by summation of such toxine effects the erythematous condition might become permanent or be followed by constriction and blocking of the vessels, leading to deficient nutrition and scar-like atrophy of the affected portions of skin.

But such theories must have other support than mere supposition, and must stand or fall by the demonstration of the presence or absence of tubercular toxines in the patient's blood or tissues.

Tubercle bacilli have not been found in the lesions of Lupus erythematosus, and the presence of giant-cells found by Audry in three cases proves nothing. Inoculation experiments have been notoriously unsuccessful.

It occurred to me to try whether the estimation of the tuberculo-opsonic indices of Lupus erythematosus patients would throw any light on the question, and Dr. Crocker has kindly allowed me to avail myself of the facilities of his Clinic and investigate the indices of ten patients. Of these ten patients a clear history of tubercle in near relations was forthcoming in three, but in no case was it known that the patient was himself suffering or had suffered from any form of tubercle. Two were acute cases of Lupus erythematosus and one proved fatal after being under observation in hospital for a month. I append a short summary of the ten cases, the opsonic estimations having been made in every case on specific dates, and the opsonic index stated does not in any instance represent an average, but the value on a particular day.

#### LUPUS ERYTHEMATOSUS CASES.

M. P—, aged 32 years. Extensive disease, which has been present during the last four years. Marked history of tubercle in family.

June, 1907, tuberculo-opsonic index, '67; November, 1907, '72.

M. F—, aged 33 years. Several patches of disease, the ears, fingers, and scalp being affected, and the scalp showing an area of partial denudation in the left parietal region. One child tubercular.

June, 1907, tuberculo-opsonic index, '7; November, 1907, '75.

A. C—, aged 33 years. Face affected fifteen years, hands twelve years. One sister and one nephew have been under treatment for tubercle.

June, 1907, tuberculo-opsonic index, '81.

A. S—, aged 20 years. Duration twelve months. Disease showed itself as sequela of anæmia, from which patient has suffered twice. Cheeks, ears, and hands affected, showing crusted patches on an erythematous base. Hands get well in summer, but face does not. No tubercle in family.

May, 1907, opsonic index to tubercle, '93; June, 1907, 1'1.

F. S—, aged 70 years. Cicatricial patch in scalp sixteen years. Face first attacked in 1905. Was in Australia, Tasmania, and New Zealand for twenty-four years and, during this time, never wore a hat. No family history of tubercle.

June, 1907, tuberculo-opsonic index, 1'02.

W. H—, aged 27 years. Patches on both sides of face, disease having commenced four years ago. Mother's half-brother has phthisis. One child, aged 3 years, healthy; brothers and sisters free from tubercle.

June, 1907, tuberculo-opsonic index, '94; October, 1907, '99.



M. G—, aged 39 years. Disease has been present five years, and patient has attended hospital on and off during that time. She is the youngest of seventeen children, all of whom are alive and well.

June, 1907, tuberculo-opsonic index, 1.14.

M. D—, aged 33 years. Both cheeks and nose affected, and on hard palate a small patch faintly raised. Disease had been present four years. No family history of tubercle.

July, 1907, opsonic index to tubercle, .89.

E. D—, aged 20 years. Symmetrical patches on cheeks and ears, and several patches on scalp three months. Acute case. No tubercle in family.

July, 1907, opsonic index to tubercle, .91.

W. R—, aged 20 years. Admitted to University College Hospital on May 30th, 1907. Died in hospital June 29th. Acute case of Lupus erythematosus, non-tubercular.

June 3rd, 1907, tuberculo-opsonic index, .92; June 4th, 1907, .96; June 5th, 1907, .9; June 24th, 1907, .85. June 10th, 1907, staphylo-opsonic index, .71; June 25th, 1907, 1.63.

Of these ten cases it will be seen that in three the opsonic index to tubercle was low, in two below the margin of health and in one only just above it. In the first two an estimation was made on two separate occasions, but as these patients were only attending the out-patient department it was impossible to make a consecutive series of estimations. In these three patients there proved, on subsequent inquiry, to be a strong history of tubercle in near relations. The other seven cases show opsonic indices well within the margins of health, in several instances approximating to the normal. The last case was under observation in University College Hospital for a month and died in the hospital. The patient was a lad, aged 20 years, who was admitted on May 30th with a temperature of 104.4° F., and developed pneumonia about a fortnight after admission. This cleared up in a week, but the temperature rose again and patient became delirious. There was no albumen nor sugar in the urine. Acute dilatation of the heart supervened and large doses of strychnine were administered. Polyvalent serum was given *per rectum* on June 23rd and 24th, but did not relieve the symptoms. Blood cultures were taken, but proved negative, so the serum was discontinued. On June 29th death took place from acute dilatation of the heart. Post mortem, thickened pleura and signs of old pneumonia were found, but no recent pneumonic thickening and no signs of tubercle anywhere. The opsonic index to tubercle was estimated on June 3rd, 4th, and 5th, and proved to be

fairly steady between .9 and 1, and on June 24th it was .85. The opsonic index to staphylococci was on one occasion low, and four days before death 1.63, probably owing to auto-inoculation.

The case was of interest from the fact that patient's opsonic index gave no indication of tubercular infection, although it was not at any time easy to eliminate the possibility of tuberculosis clinically. On the other hand, his index to staphylococci pointed to septicæmia, and this was no doubt what proved fatal. The statistics, however, of fatal Lupus erythematosus, cases have shown so great a preponderance of deaths from tuberculosis that the probability of the illness proving tubercular could only satisfactorily be disproved post mortem. Fatal cases have, however, been recently published by Short, of Birmingham, and by G. W. Dawson, in which no evidence of tuberculosis could be found post mortem.

The number of cases investigated is small, but these estimations go to prove that in a certain number of cases of Lupus erythematosus there is no active tubercular focus, and the lesions do not in themselves constitute evidence of the presence of tuberculosis in the patient. My thanks are due to Dr. Crocker for so kindly allowing me to make use of his cases, and to Mr. Pernet for his help.

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## ROYAL SOCIETY OF MEDICINE.

### DERMATOLOGICAL SECTION.

AN Ordinary Meeting of this Section was held at 20, Hanover Square, on Thursday, November 28th, 1907, at 5 p.m., Dr. COLCOTT FOX, Vice-President, in the chair.

The following cases and specimens were shown :

Dr. H. G. ADAMSON showed (for Dr. Ormerod) (1) a case of *congenital pigmentation with atrophic scarring associated with other congenital abnormalities*. The patient was a girl, aged 19 years, small for her age and of feeble intellect. The skin presented a generalised, but not universal retiform pigmentation. The networks of pigmentation had a tendency to grouping in certain parts, and also to distribution with linear arrangement. There were patches occupying the cheeks and the forearms, and others, with clear intervals between, upon the

trunk, the upper arms, and the thighs. The linear arrangement was most marked along the upper arms, at the sides of the trunk (in the direction of the lines of cleavage), and along the thighs. The pigmentation was pale-brown to reddish-brown according to its position, being more red on the arms and legs where the red colour could be pressed out leaving brownish stains. Several of the areas showed scarring towards their central parts. The scarring was very distinct, and in parts almost suggested the scar from a burn. It occupied mainly the meshes of the pigmentary network, overlapping the net to form uniform patches in the worst parts. This condition of the skin had been present since a few months after birth. In winter the patches were said to become darker and somewhat itchy. The mother stated that the scar had been present as long as she remembered, and there appeared to have been no antecedent inflammatory growth of any sort. Other abnormalities present were: absence of the lobes of the ears, asymmetry of the face, a patch of congenital alopecia, absence of first and second fingers of the right hand, the presence of four toes only on each foot, and two nipples to the right breast.

The pigmentation in this case had recalled to Dr. Ormerod a case of congenital pigmentation which had been shown by Dr. Garrod in 1905 at a meeting of the Clinical Society, and in the Clinical Society's *Transactions*, vol. xxxix, p. 216, was the following record: The patient was a female child, aged 2½ years, with characteristics of "Mongolian" variety of idiocy and some evidence of congenital spastic diplegia. There was a peculiar pigmentation of the skin, which had a linear distribution and in places was arranged in whorls in a remarkably symmetrical manner. Dr. Colcott Fox had regarded the case as one of linear papillomatous nœvus in a very early stage preceding the actual papillomatous development.

The case now exhibited recalled also another case, which had been shown by Dr. Adamson at a meeting of the Dermatological Society of London (*Brit. Journ. Derm.*, vol. xix, No. 6, June, 1907, p. 198), an extensive unilateral nœvus in an infant occupying the whole of the left side of the trunk and the left leg. In this case, in addition to dusky red mottled streaks made up of minute flat papules, there were on the calf and on the sole linear warty growths. A remarkable feature about this case was that the warty growths and flat papules had since disappeared, leaving in their place a mottled pigmentation with atrophic scarring, and the left nipple, which was absent, had since made its appearance.

(2) A case of *circinate erythema of two years' duration* in a boy. This case had been shown on a previous occasion (*Brit. Journ. Derm.*, November, 1906, p. 403). The exhibitor compared it to

two cases recorded by Dr. Colcott Fox (*Clin. Soc. Trans.*, vol. xiv, p. 67, and *International Atlas*, Plate XVI), and to another case under his own observation (*Brit. Journ. Derm.*, vol. xix, June, 1907, p. 199).

Since last shown (twelve months ago) the eruption had several times disappeared, sometimes spontaneously, sometimes apparently under the influence of salicin internally. It was now in much the condition as when described in this journal in November, 1906.

Dr. J. L. BUNCH showed a case of *Lichen spinulosus* in a boy, aged 6 years. The lesions were distributed over the trunk, arms, and thighs, and were especially well marked at the back of the neck, where there was a group of prominent spiny processes projecting a sixteenth of an inch beyond the surface of the skin. In other positions also the lesions consisted of filiform spines and showed a grouped arrangement. On the trunk there were numerous papules of about the size of a pin's head, apparently due to the blocking of pilo-sebaceous follicles. These lesions did not, as a rule, differ in tint from that of the normal skin, but on the abdomen especially some showed slight redness. Scattered horny papules were present in considerable numbers on the back. The boy was in good health, and did not complain of itching, nor were any scratch marks visible. No plane lesions of *Lichen planus* were present. The case was evidently not one of *Keratosis pilaris*, nor was there any reason to suspect a tubercular origin of the affection. There was no evidence of the disease being infectious, and no black-topped comedones were present like those occurring in the descriptions of Brooke's disease.

Dr. DAWSON showed (1) a man, aged 46 years, with a condition which he diagnosed as *Pityriasis rubra pilaris*. The condition was not so marked on exhibition as formerly, because ointments had been applied. There had been papules on the backs of the hands and the forehead. It had persisted sixteen years. When he first saw it there were some discrete papules, and unguent. acid. salicyl. was prescribed. The condition was rough to the touch, and was unlike psoriasis. A section was exhibited showing hyperkeratosis extending down to the follicle and dilatation of the sweat-glands.

(2) A woman with a condition which began on her face as an erythema. There was redness about the forehead, the eyes, and the chest. The colour, in good daylight, was bluish-red. He diagnosed

it as an anomalous case of *Lichen planus*. It itched a good deal and kept her awake at night, so that she had become thin. The same condition was present on the knees and the buttocks, and was now spreading.

Dr. COLCOTT Fox brought a barman (F. G—), aged 27 years, suffering from double otitis media, and now cured of a *coccigenic sycosis*, which had involved all the hairy regions of the face for ten months. Dr. Fox was indebted to his colleague, Dr. R. G. Hebb, for his kindness in treating the case in his wards at the Westminster Hospital, and for allowing the exhibition of the patient. Dr. Hebb obtained from the beard greyish-white colonies of a staphylococcus growing in tetrads, which was neither the *S. pyogenes aureus* nor *albus*, and confirmed this result by subsequent careful cultivations. On October 8th he was injected with 1,000,000,000 of the dead cocci into the left forearm, and the face reacted, and an area of red swelling appeared about the site of injection. The temperature on the night of October 9th rose to 100° F. On October 14th the face inflammation had notably subsided, and was now covered with fine, dry scales. On October 16th the opsonic index was 0.84. On October 23rd patient was injected with 1½ c.c., containing approximately 1,500,000,000 cocci, and there was no reaction. On November 1st the skin of the face was better, but rather tender, though he shaved himself. Only two or three pustules remain on the upper lip and chin. On November 2nd a third injection of 1,500,000,000 staphylococci. On November 11th a few fresh pustules appeared, but the face generally looked cured, except for some redness and desquamation, and a vegetating infiltrated patch on the chin. On the 17th a fourth injection was given of 2,500,000,000 cocci, and a red rash appeared over the jaws. After that the condition improved almost to a complete cure, and on exhibition (November 28th) there were only two or three pustules and the remains of the vegetating infiltrated patch on chin.

Dr. WILFRID Fox showed (1) a case of *verrucose nævus* in a woman, aged 24 years. The condition was very extensive over the upper part of the trunk in front and was limited behind to the inter-scapular region. The breasts and sternal region were covered with linear and irregular clumps of typical acanthomata; in the axillæ the small growths were, as is usual in these cases, more pendulous and hung in

clusters, some of the individual ones being as large as a big raisin. The increase of pigmentation was well marked, more especially over the sternum. The first signs of the deformity were noticed very soon after birth on the back, but nothing appeared on the chest until after puberty, and at the age of eighteen there was a considerable increase in the size and in the area covered by the small warty growths. The points of interest in the case were that on the situation, where it was first noticed soon after birth, there had been very little increase; but on the front of the thorax, where there was nothing to be seen in childhood, there had recently been very marked growth. Also the opportunity had been taken for testing the effect of cataphoresis on these warty growths, the larger pendulous tumours in the axillæ being chosen for this purpose. Magnesium ions were tried in the right axilla and zinc ions in the left. The treatment had so far been carried out on three occasions at a week's interval; the current was taken from a dry cell battery and varied between 20 and 25 milliamperes for fifteen to eighteen minutes. The magnesium solution varied from a 5 per cent. to a saturated solution of the sulphate; the zinc consisted of a 5 per cent. solution of the sulphate. On the right side where the magnesium salt had been used there was very little difference in the size of the growths, but on the left the zinc had caused the tumours to shrivel and shrink to less than half their previous size. The exhibitor desired to express his indebtedness to Dr. Freshwater for carrying out the electrical treatment.

(2) A case of *chronic œdema* of the face which had lasted for five years. The area affected was around the eyes and the lower part of the forehead. The patient, a man aged 34 years, acquired the condition in South Africa, but could not attribute it to any cause. The condition varied with the weather, being worse in cold winds; but there were no erysipelatoid attacks as are frequently noticed in these cases. On the first occasion on which he was seen there was some thickening of the lobes of the ears, and the condition somewhat resembled leprosy; this diagnosis, however, was disproved by a biopsy, of which a slide was shown. Mr. Barwell was kind enough to make an examination of the nasal cavity on two occasions, but failed to find any purulent focus. The general opinion was, however, that the condition was of streptococcal origin. Dr. Adamson kindly suggested treatment with anti-streptococcal serum.

Dr. FREEMAN showed a *case for diagnosis*. The patient was a man, aged 50 years, who presented a soft keratosis on the lips not unlike mucous patches, while inside the cheeks there were several slightly verrucose lesions and an ulcer about the size of a sixpence inside the left cheek. On microscopical examination the lesions proved to be simple epithelial growths. The affection had begun about four years previously. There was no history of syphilis, and the patient was a moderate smoker.

Dr. GALLOWAY brought forward the patient whose case was previously shown at the meeting of the Dermatological Society of London and reported in the *British Journal of Dermatology* (vol. xix, p. 116, April, 1907). The patient, a woman, aged about 40 years, had suffered from extensive psoriasis of very inveterate type yielding to ordinary methods of treatment only with great difficulty. As the result of the disease and the worries resulting from interference with work, the difficulties of out-door treatment, etc., she suffered severely in health, and a suppurative condition of the lesions developed in many places with a tendency to enlargement and suppuration of the lymphatic glands. On account of her loss of strength, loss of weight, and the development of purulent lesions, she was admitted under Dr. Galloway's care at Charing Cross Hospital, and after a period of rest was subjected to treatment by means of inoculation of the "vaccine" prepared from the *Staphylococcus aureus* grown from the lesions on her own skin. The result of this course of treatment appeared to be highly satisfactory. The suppurating lesions disappeared, and shortly afterwards the psoriasis, which had been very extensive, vanished entirely. She left the hospital in June, 1906, and has remained under observation since.

For several months the patient continued to be in good health and there was very little recrudescence of psoriasis. In the spring of 1907 the psoriasis commenced to recur, and soon began to acquire the same type as on previous occasions, being widespread, inveterate, and finally developing a tendency to show purulent lesions in places. Such treatment as could be carried on out of doors had very little effect in controlling the disease. Treatment by the stronger medications, such as by chrysarobin, was not borne well, and seemed to spread rather than control the disease. In these circumstances the

patient was admitted under Dr. Galloway's care on July 9th, with the intention of again carrying out treatment by means of vaccine inoculations. The vaccine was prepared from a growth of *Staphylococcus aureus* grown from the lesions presented by the patient; no other treatment was used. The patient was kept in bed, and had proper and sufficient food, and was washed in the same way as other patients, so as to secure ordinary cleanliness, but no special baths were permitted. In addition to ordinary washing of the body by nurses, she was permitted to have one general bath every four days. The following course of inoculations was then carried out:

	Inoculation : strength of.	Index.
July 9, 1907.	200,000,000 cocci.	
July 23, 1907.	. . . . .	1.06
July 24, 1907.	200,000,000 cocci.	
July 31, 1907.	. . . . .	0.94
Aug. 1, 1907.	400,000,000 cocci.	
Aug. 7, 1907.	. . . . .	1.28
Aug. 22, 1907.	. . . . .	1.0
Aug. 24, 1907.	500,000,000 cocci.	
Sept. 21, 1907.	. . . . .	1.0

The discomfort after the inoculations was trifling, and only on one occasion, after the injection on August 1st, was there any rise of temperature. The temperature on August 1st rose to 99.5° F., on August 2nd to 100° F. and then subsided to normal. During the course of treatment thus outlined the patient became steadily worse. The psoriasis spread, assuming the irritable, highly erythematous type characteristic of the case, and towards the middle of September treatment was commenced on ordinary lines, by means, first of all, of soap baths, later by the use of salicylic acid, chrysarobin, and, finally, of chrysophanic inunctions, with the result that the eruption began to disappear. On the date of the meeting the patient was seen to be in good health, and though traces of psoriasis remained on the skin very little was noted, and not enough to produce serious discomfort.

Dr. Galloway brought the case forward in order that he might be able to continue the report of the case previously given. The result could not be described as otherwise than disappointing so far as the use of staphylococcus vaccines is concerned in the treatment



of psoriasis. It is true that the case is a complicated one, pus infection to such a degree as shown by this patient being very unusual in the course of psoriasis. The apparently favourable result obtained during the first course of treatment suggested the necessity for an experiment in the way of control. There were difficulties in carrying out the second course, but the steady spread of the disease while the patient was under the influence of treatment by means of vaccine does not appear to lend very much weight to the argument that the psoriasis was cured by the vaccines in the first instance.

Mr. HARTIGAN showed an elderly man with an *erythema of the foot which had persisted ten years*. There was some œdema, but no affection of the heart or kidneys. During the last six months the hands had become involved, and on more than one occasion of late the lesions had vesicated. There was no sign of atrophy. He regarded it as persistent *Erythema multiforme*.

Dr. E. GRAHAM LITTLE showed a case of *Lichen planus* with some unusual features. The patient, a young man, aged 25 years, had suffered for three years from patches of dermatitis on the lower part of the right leg. These patches were of a deep bluish-brown colour, and covered from time to time with heaped up scales. No general eruption of any kind had been present, and no other lesions were found on the body. There had been no itching either in these patches or elsewhere. The patient had suffered from varicose veins in this leg, and two years ago had had some of these cut out. In the scar of these operations there was brown pigmentation, similar, but less deep in colour than in the spontaneous patches. The absence of all other lesions, or history of these, and of itching, made the diagnosis a little difficult. No treatment had been given at any time for the disease.

Dr. J. M. H. MACLEOD showed: (1) A case of *grouped comedones in an infant*. The patient was a somewhat delicate-looking boy, aged 14 months, who presented groups of about twenty comedones on his cheeks, and a smaller group on the chin. The comedones were small in size, and were situated on apparently healthy skin. There were no pustules associated with them, and only one of them was surrounded by an inflammatory halo. The comedones were first

noticed when the child was four months of age. The mother, who had nursed the infant, had suffered since childhood from *Acne vulgaris* affecting the face, neck, shoulders, and chest, but not the breasts.

With the exception of the fact that grouped comedones in childhood seem to be more common in males than females, little is known of the ætiology of this affection. In this case neither *Seborrhœa capitis* nor the employment of some local irritant, both of which have been suggested as causes, could be blamed for it, as the scalp was free from *seborrhœa* and there was no history of anything unusual having been rubbed on the face. In a case demonstrated by Dr. MacLeod at the Dermatological Society of London (*Brit. Journ. Derm.*, 1905, vol. xvii, p. 141), in which grouped comedones associated with acneiform lesions were present on the chest of a boy, aged 2 years, there was a definite history of local irritation produced by wearing a flannel binder, frequently saturated with camphor oil, on the chest.

The fact that the mother suffered from acne and presented numerous large comedones on the face was suggestive of contagion. With the kind assistance of Mr. Leathem, bacteriologist at Charing Cross Hospital, an examination was made of comedones expressed from both the mother and child. For this purpose, after cleaning the skin thoroughly, comedones were extracted in which there was no evidence of inflammatory disturbance, and were inoculated on various media. So far only the *Staphylococcus albus* was obtained from both the mother's and child's comedones.

(2) The case of *multiple Lupus vulgaris following measles* exhibited at the previous meeting of the Section. The case was again presented to show the result of treatment on the red patches of dermatitis which surrounded a number of the tubercular lesions.

At the previous meeting there had been considerable discussion as to the nature of these patches, and various suggestions had been made, such as that (1) they were the result of the action of an irritating ointment which had been rubbed into the lupus lesions; (2) that they were patches of *Lichen scrofulosorum*; and (3) that they were patches of *seborrhoic dermatitis*. The patient was admitted into the Victoria Hospital for Children, and had been under observation there during the last month. It was ascertained that an irritating ointment had been employed before admission, but though the patches faded during the first fortnight in hospital they did not disappear, and at the time of exhibition they were still present around the scars which resulted from the scraping of the lupus lesions, in the form of circular, slightly scaly patches. In addition there were several larger irregular patches, independent of lupus lesions, situated on

the left thigh. These irregular patches presented all the characteristics of the dry, resistant patches of dermatitis, which it is customary at present to include under the somewhat ill-defined heading of seborrhœic dermatitis. For purposes of comparison a case of this nature in a boy, aged 14 years, was presented, in which several circular patches occurred, which seemed to be identical in character with those on the girl's thigh. The boy had been under observation at Charing Cross Hospital, and in spite of thorough local treatment the lesions had persisted.

During the last fortnight the patches in the girl had been rubbed with sulphur ointment and had somewhat faded under the treatment.

Mr. MALCOLM MORRIS and Dr. WILFRID FOX showed a case of *von Recklinghausen's disease*. The patient was a woman, aged 42 years, who stated that the condition had been present almost since birth, and that the tumours had not increased in size or number in recent years. The case showed most of the usual characteristics, and resembled very closely in some respects a case shown by the exhibitors before the Dermatological Society of London in the spring of this year. The tumours, which were countless, were distributed all over the body, and were of two kinds, some being soft, almost fluctuating, subcutaneous masses, others being firmer, projecting from the surface of the skin, and giving a gelatinous sensation to the touch; there were none of the so-called "seedless raisin" type, which have been observed in this disease. On the scalp the tumours were large and soft, the largest measuring about three inches in diameter. On the face they were small and firm, the majority being about the size of a split-pea. On the trunk and limbs they were mostly firm and projecting, several of them being as large as a hazel-nut. On the left arm, just above the elbow, there was one large, soft tumour below the deep fascia. The pigmentation was of both varieties usually seen in this disease, namely, diffuse freckling and large plaques; the former was well marked all over the trunk, and there were two examples of the latter measuring about two inches in diameter on the lower part of the back. The nervous signs were not well marked; the only tumours which were painful were the large ones on the scalp; there was no itching or pricking as was noticed in the previous case. The woman was of average intelligence, and did not suffer from epileptiform fits, but occasionally fainted.

Mr. MALCOLM MORRIS showed a case for diagnosis. The patient was

a man, aged 63 years. About four months ago blisters had appeared on the dorsal surfaces of his fingers and hands. One month later similar large thick-walled bullæ made their appearance on his face, nose, and forehead, giving rise to excoriated patches and being followed by well-defined areas of atrophic skin in the sites previously occupied by the bullæ. There were numerous large comedones on the side of the nose and on the cheeks, and there was also well-marked leucoplakia of both cheeks and of the tongue. The patient had taken tar in considerable quantity for six weeks.

Mr. GEORGE PERNET showed a young woman, aged 21 years, with *Unilateral "freckle" pigmentation* about the outer side of left orbit and cheek. The condition began like freckles about four to five years ago, occupying the same area then as now, but the tint had become darker. At catamenial periods she said the colour was deeper. When seen the tint was of a livid sepia.

Dr. SEQUEIRA showed a case of *Lupus erythematosus* of the face with a condition of the fingers simulating Raynaud's disease. The patient, a single woman, aged 34 years, had suffered from *Lupus erythematosus* for twenty years. The first spot appeared on the tip of the nose and was thought to be eczema. The disease had slowly spread on to the cheeks, but for five years was untreated. During the seven years following she had various treatments. Two operations were performed, and in 1896 she had injections of tuberculin. She stated that the face had been better since the injections, and had not required treatment for the last seven years. In 1900, however, her fingers became affected. She said that they "all gathered and discharged." Healing was slow, and during the past three years she described the fingers as "wasting away." The wasting was progressive.

The fingers were tapering, and very thin and claw like. They were redder than normal, and the colour disappeared on pressure. The skin was thin, shining, and atrophic. She complained that the fingers and hands were "either very cold or very hot." The terminal phalanges of the fingers (not the thumbs) could not be fully extended. The metacarpo-phalangeal joints could be fully flexed, but there was only limited flexion of the interphalangeal joints of the thumbs, and whilst they were bent the skin over the knuckles became very tense

and white. The skin of the back and front of the hands showed the same changes in a less degree.

There was evidence of old apical phthisis. The family history was good.

Similar cases had been shown at the meetings of the Dermatological Society of London by Dr. Pringle. The condition did not appear to be true Raynaud's disease, as the process was continuous and not paroxysmal. There had been no hæmoglobinuria at any time, and the urine had been free from albumen while the patient was under Dr. Sequeira's observation. The condition of the fingers on exhibition was a degree of sclerodactyly.

Dr. J. J. PRINGLE brought forward as a *case for diagnosis* a female patient, aged 18 years, sent to him by Dr. Ernest H. Crisp.

The history of the case, obtained from her mother, was as follows: No similar or other skin-affection was known to exist in the family. The patient's father had probably suffered from syphilis; her skin at birth was perfectly normal; at the age of one year a "blister" was noticed on the left buttock. The skin about the privates and lower abdomen soon afterwards became inflamed, and some suppuration occurred at the crown of the scalp where "the scurf was very thick and the whole separated like a cap, leaving a mattery surface." The skin of the face also "peeled off in ragged scales like tissue-paper."

At the age of three years she came under the observation of Mr. Jonathan Hutchinson, who had a water-colour drawing of the condition done by Mr. Burgess on December 5th, 1893, which Mr. Hutchinson kindly allowed the exhibitor to show to the meeting. The drawing is now in the Polyclinic, and is described as follows: "*Dermatitis perstans*; portrait showing a very unusual form of chronic dermatitis, which had persisted since infancy, in a child aged 3 years. The patches were covered with scab and crust, which adhered so firmly that they could not be removed. The skin upon which these horny crusts had formed was somewhat contracted. The condition in infancy had been very severe indeed, and had been supposed to be hereditary syphilis. It did not, however, yield to specific treatment, and when the case came under Mr. Hutchinson's care there were no indications of specific taint. After about a year's treatment, exclusively by local means, the child is now almost well." (The nature of the local means used could not be ascertained.)

Mr. Burgess's drawings, already referred to, portrayed a state of affairs very suggestive of an *hystrix* in large patches over the buttocks, about the vulva, in the bends of the elbows and axillæ, in broad streaks down the left forearm, with deep brownish-yellow bands of indeterminate appearance on the neck transversely, on the upper and lower lips as well as on the cheeks, lower eyelids, and supra-ciliary regions.

The condition had clearly relapsed when she came under the observation of Dr. Ernest Crisp, in August, 1905, who described it as "raised, hard patches, more or less completely covering the body," and involving the scalp. He commenced treatment by 10 minims of Donovan's solution three times a day with hydriodic acid, along with various local applications of mercury, resorcin, and

ichthyol; for a year no marked improvement resulted. Dr. Crisp then applied iodised phenol to each "seborrhoeic" patch, with the result that in six months "all the body was cleared"; the head and face, though much improved by the local treatment, failed to get well. A visit to Woodhall Spa in July, 1906, proved of no benefit, so she was put upon 8 minim doses of liquor potassii arseniatis and of Donovan's solution three times daily till she went to Aix-les-Bains in April, 1907.

When the patient came under the exhibitor's observation in October of the present year it was noted that she had (1) typical diffuse arsenical pigmentation over the limbs and trunk, most marked where a pre-existing lesion on the buttocks had been removed by iodised phenol; very characteristic arsenical warty keratosis of the palms and soles, with marked hyperidrosis and bromidrosis of the latter region. The girl herself was positive in her assertion that all of these phenomena had developed rather suddenly in spring of 1907, about the time she went to Aix-les-Bains. (2) Diffuse slight xerodermia of neck, trunk, and limbs, with very marked follicular keratosis of the backs of the upper and forearms, thighs, and legs, attaining its maximum of intensity on the tips of the elbows and knees, where irritable horny cones were present. These abnormalities were stated to have dated from early infancy, and were undoubtedly "ichthyotic" in nature. On the backs of the hands, and especially on the proximal phalanges of all the fingers, there were closely packed, horny follicular cones, with a central depression reminiscent of the lesions of Pityriasis rubra pilaris, and patches of similar nature were noted on the dorsal surfaces of the feet (probably from pressure). These changes were not depicted in Mr. Hutchinson's drawings. (3) Enormous hypertrophy of the nipples which projected as filiform corneous masses nearly an inch from the general level of the mammæ. This was stated to have existed as long as the patient could remember, and her assertion was confirmed by the exhibitor that these horny masses fell off from time to time, only to re-form again rapidly. (4) A dense, brownish-yellow, rather gummy scab was firmly adherent to the supra-ciliary regions and to the upper parts of the cheeks, which could only be separated at the expense of some laceration of the subjacent tissue; and scattered scabby, rather impetiginous lesions were thickly present over the face, ears, neck, præsternal and interscapular lesions. In the latter regions the base of the patches was distinctly hard, raised, and

warty. (5) At the vertex of the scalp was a large moss-like patch the size of the palm of the hand, the hair over which was in normal abundance, but which was suppurating freely and harbouring very numerous pediculi. It was especially noted that the pre-existing lesions on the trunk and limbs had been successfully removed without trace of cicatrices. While under observation, and probably as the result of the application of kerosene to remove scabs from the scalp and destroy pediculi, an acute dermatitis had developed over the forehead and neck with adherent crust similar to that already described.

Dr. PRINGLE admitted that he was unable to make any firm diagnosis of the case, which did not accord in its entirety with any type of skin-disease with which he was familiar. The arsenical manifestations were obvious and characteristic, and easily separable from the other phenomena. The patient was clearly ichthyotic, and the idea suggested itself that she had also had hystrix which had disappeared either spontaneously (as reported in a few cases), or as the result of treatment. The tendency to dermatitis on very slight provocation he thought due to some congenital skin peculiarity rendering it specially liable to invasion by pyogenic cocci.

Mr. A. SHILLITOE showed a case of *circinate erythematous syphilide*. G. B—, single, aged 39 years, bootmaker, attended the Lock Hospital on July 22nd last, with phimosis, concealed chancre, indurated inguinal glands, and roseola, of five days' duration, of the back of the neck and upper part of the trunk. His weight was 9 st. 2 lb. He has always had scurf in the head.

October 21st.—He weighed 8 st. 7 lb. He had gone on fairly in the meantime up to two or three days previous, when, without any premonitory symptoms, he somewhat suddenly developed the condition seen, viz. a series of large, complete, bright red, erythematous rings, raised decidedly above the surface, about one inch in diameter, and at first covered with a pellicle. The first ring started at the right angle of the mouth in the moustache. In addition there was one ring on the left cheek and several on the posterior and lateral aspects of the neck on both sides, and also over the pectorales majores, where they cease to form the anterior walls of the axillæ.

November 11th.—The weight was still falling. A fresh place had developed on the left buttock.

November 18th.—Weight 8 st. 6 lb. All the places were rapidly healing.

November 25th.—He was not feeling so well, and all the rings were threatening to relapse.

Dr. WHITFIELD showed (1) a case of *rodent ulcer* treated by the introduction of zinc ions. The patient was a female, aged 44 years,

who had noticed a spot beneath the left inner canthus nine years ago. She had scratched this spot and it bled and then extended. The patient was first seen in November, 1906, and the condition was then as follows :

About a quarter of an inch below the left inner canthus there was an area of the shape of a figure of eight, measuring about one inch in a vertical, and about half an inch in a horizontal direction. It was infiltrated and hard, and covered with a thick crust which, on removal, disclosed an irregular eroded surface of a pinkish colour. The diagnosis of rodent ulcer was made, and as it was thought that excision would be difficult without causing extensive deformity the patch was treated with radium. After continuing this treatment for some time, with slight improvement, it was decided to substitute the X-rays in order to save time. The patient, however, could not attend very frequently, and therefore long exposures (about half a Sabouraud's pastille) were given at intervals of a fortnight. By this means, on more than one occasion the area exposed was definitely reddened, but no blistering was produced. For a time the case progressed very favourably, but the treatment seemed to lose its effect, and latterly the disease spread while under treatment. The treatment recommended by Dr. Lewis Jones was then inaugurated. The patch was in two sittings, October 5th and October 12th respectively, electrolysed with the negative pole in contact with the growth, a zinc electrode and a 1 per cent. solution of zinc sulphate being used. A current of ten milliamperes was passed for ten minutes. At the end of the time the area so treated was completely blanched, and a fortnight later there was an ulcer with rather firm edges left. At first Dr. Whitfield was inclined to think, from their firmness, that there was malignant tissue left, but as the ulcer healed, which it did very rapidly, all trace of induration disappeared from the upper part. The lower part, which was electrolysed later, still showed some of this firmness, and Dr. Whitfield said he brought it up in this stage to show this point. He should, of course, watch the case very carefully for a long time to come, as it was obviously too early to talk of cure, but he thought that at present the outlook was very favourable, and he felt pretty confident that the slight hardness of the lower edge which was still apparent would disappear spontaneously as it did in the upper part.



(2) A case of long-standing *pruritus* in a girl, aged 22 years. The history showed that she had suffered from *pruritus* for as long as she could remember. She had seen many doctors, but had derived no benefit. On examination it was found that the whole of the skin with the exception of the palms and sole and scalp was covered with small irregularly shaped scars varying in diameter from a quarter to half an inch. These were cribriform and slightly depressed, exactly resembling vaccination scars. There were also present several deep excoriations which the patient said she dug out in the night when the itching was at its worst. The patient did not seem at all hysterical and there was no question of any intention to deceive, since the patient herself volunteered the statement that the marks were self-inflicted, though she was not always conscious of producing some of the wounds.

Dr. WHITFIELD said that he had investigated the case as far as his knowledge went, and he had perhaps obtained some light upon it. The blood coagulation was normal. The urine had been tested for albumen, sugar, bile-salts, and indican, with negative results in each case. The blood-count showed the presence of 2,675,000 red blood-corpuscles per c.mm., and 6000 white corpuscles. A differential count had shown the following proportions: Polynuclear leucocytes, 57·8 per cent.; lymphocytes, 34·0 per cent.; eosinophiles, 2·4 per cent.; hyaline, 5·8 per cent. Remembering that *pruritus* had been recorded associated with deficient polynuclear leucocytes, he had administered thymus extract, but he could not say that in the short time she had been taking it any marked improvement had been noticed that could be referred to the drug. The patient was using an anti-pruritic cream, which did some good.

Dr. A. WINKELREID WILLIAMS showed *sections of paraffinoma*. The patient was injected with paraffin by an unqualified person. The paraffin used was of too low a melting point and diffused into subcutaneous tissue and among the facial muscles. After several months tumours developed along the areas of diffused paraffin. They were excised subcutaneously and recurred; a second excision was followed by same result. Great persistent oedema accompanied the tumours. A portion of tissue excised was cut in two parts, one of which was desiccated over  $\text{H}_2\text{SO}_4$ , weighed and then digested in warm xylol for twenty-four hours. After drawing off the xylol it was again weighed, but the loss of weight was very slight. The other part of the same piece was, without hardening or fixation, cut, frozen, and examined in Farrant. It showed, here and there, fine streaks of a clear homogeneous material differing in its refractive index to the tissue and the

glycerine, etc., of the Farrants' medium. Other pieces were fixed and hardened in alcohol, and sections showed bands of well-formed fibrous tissue enclosing areas of cells mostly of epithelioid type with a large number of multinucleated giant-cells. Sections stained with carbol fuchsin showed no acid-fast organisms. Organisms were not found by any stains. The cellular masses and giant-cells and fibrous tissue were irregularly infiltrating between the muscle-fibres of the facial muscles. The patient so far had declined X-ray treatment. Thiosinamine injection and electrolysis had not yet been tried, as a painless treatment was wished. Arsenic was tried by mouth and pushed to 8 minims of Fowler's solution three times a day. At first slight improvement resulted; some reduction of the cedematous swelling was accomplished, but it relapsed. Thyroid was of no use. The swelling, etc., was kept from progressing by massage and pressure.

Dr. Ormsby, of Chicago, had a similar case, which he showed to the Chicago Dermatological Society. In a letter to Dr. Williams he stated that his patient is deriving great benefit from X-ray treatment. Dr. Unna, of Hamburg, with whom Dr. Williams discussed the case, strongly advised X-ray treatment.

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## NOTES ON THE MEETINGS OF THE DERMATOLOGICAL SOCIETY OF LONDON FROM 1882 TO 1894.

By T. COLCOTT FOX, M.B., F.R.C.P.

(Continued from page 408.)

ONE HUNDRED AND EIGHTH MEETING, MAY 10TH, 1893.

CHAIRMAN, Dr. PYE-SMITH, F.R.S.

Dr. STOWERS. (1) Case of a lady showing *successful result of treatment of severe erythematous lupus* (shown before on June 11th, 1890). (2) Boy, aged 15 years, with *warts of the upper lips and backs of the hands*. (3) A man, aged 46 years, with *Scrofuloderma vel lupus*. (4) Girl, aged 2 years and 5 months, with *total alopecia*.

Dr. STEPHEN MACKENZIE. *Case for diagnosis; ? sclerodermia* of the feet and legs, arms and trunk. Bilateral, brawny, violaceous induration in serried belts round the trunk. This was a very remarkable case.

Mr. ANDERSON. (1) *Case of cheloid with psoriasis* (previously shown on December 9th, 1891).

(2) *Case for diagnosis* in a girl, aged 19 years. Eruption on legs since six years old. Microscopical sections.

Dr. PRINGLE. (1) *A case of Acne varioliformis* in a man, aged 43 years, of twelve years' duration, affecting the forehead, scalp, back, and scrotum, and slightly on the chest. The scrotum had become involved only in recent attacks, and the characters of the lesions there were modified by heat, moisture and scratching.

(2) *Case of arsenical keratosis* of the palms and soles in a man, accompanied by hyperidrosis. These phenomena had occurred twice on the administration of arsenic.

(3) *Case for diagnosis* in a woman, aged 27 years. Five years' duration. ? *Erythematous lupus* on left cheek with much hypertrophy.

Mr. MORRIS. *A case of generalised vaccinia* (?) of the chest and back in a baby, aged 11 weeks, beginning on the fifteenth day after vaccination. Some members thought this *Impetigo contagiosa*.

Dr. FOX. (1) *A case of Lichen scrofulosorum* of the trunk in a baby.

(2) *A case of pustules (sycosis) and boils* disseminated all over the thighs of an old man. The lesions were mostly pierced by hairs, and were difficult to heal as in sycosis. The man originally had eczema, now cured, and this pustular affection had gradually spread up the thighs. ? *Staphylococcia* from infected clothes. Dr. Fox said he had another similar case under his care in which sycosis of the arms had followed chronic eczema of the hands.

#### ONE HUNDRED AND NINTH MEETING, JUNE 13TH, 1893.

CHAIRMAN, Dr. RADCLIFFE-CROCKER.

Dr. CAVAFY. *A case of cutaneous neuromata* in the back of a woman, aged 35 years, of five years' duration and slow growth. They were extremely tender. There was no history of zoster.

Sir DYCE DUCKWORTH. *A case of linear atrophy* of the skin of the thigh after typhoid fever.

See *Brit. Journ. Derm.*, December, 1893.

Dr. CROCKER. (1) *A case of Paget's disease of the nipple*; patient aged 46 years; duration two years.

(2) *An extensive lenticular syphilide.*

Dr. PYE-SMITH. (1) *A case of typical prurigo* (Hebra) in a boy, aged 9 years, lasting all his life.

(2) *A severe case of lupus*, affecting the nose, face, palate, and gums. The patient was aged 16 years.

Mr. MALCOLM MORRIS. (1) *A characteristic case of Folliculitis decalvans* of three years' standing, in a man, aged 29 years.

(2) A lad, aged 15 years, with *extreme keratosis* of the palms and soles, who had previously suffered from eczema (no arsenic).

(3) A boy, aged 14 years, with *scrofulous glands and suppurating scrofulides* (acneiform) over extensor surfaces of the arms, back, buttocks, and face.

See *Brit. Journ. Derm.*, 1893, p. 341.

(4) *An almost universal minute miliary syphilide* in a boy, aged 15 years, with a chancre upon his penis.

Dr. STOWERS. (1) *An extensive nævus of the face*. Question of treatment.

(2) *A case for diagnosis*. A man with an extensive acneiform eruption over the trunk, wrists, and head, associated with much sweating. Diagnosis, ? Hydrosadenite.

Mr. ANDERSON. *A scrofulide*, in a boy, aged 6 years.

Dr. PERRY. (1) A man, aged 21 years, with *extensive tubercular ulceration* of the groins and popliteal spaces and small pustular scrofulodermata on the arms and elsewhere.

(2) *Multiple lupus* in a boy, aged 5 years.

Dr. PAYNE. (1) A man, aged 36 years, otherwise healthy, suffering from a *relapsing summer eruption* affecting the ears and face, this being his fifth attack in consecutive years.

(2) A woman, aged 33 years, with *erythematous lupus* of the face of ten years' duration, and peculiar retiform erythema (?) of the arms of about four months' duration (see Lassar's model and Hutchinson's picture of "infective angioma"). The family was markedly phthisical.

Mr. DENT. A girl, aged 6 years, with *atrophy of the nails* of two months' duration.

Dr. FOX. (1) A man with *sweat eczema* of the hands and feet of seven years' duration.

(2) A child, aged 1 year and 9 months, with ? *Pityriasis rosea*. The

eruption consisted of discrete lively red macular rings the size of a shilling, disseminated over the legs and body.

*Note.*—The nature of this eruption was uncertain, but it formed a distinct clinical type. Several cases of a similar type had since been observed.

Dr. PENROSE. *Case of peculiar ringed urticaria*, previously exhibited on December 14th, 1892.

Dr. PERRY. Drawings of *Lupus of tongue* and the same undergoing malignant degeneration. Drawings of *Scrofuloderma pustulosa* and *Lupus* with elephantiasis.

#### ONE HUNDRED AND TENTH MEETING, JULY 12TH, 1893.

CHAIRMAN, MR. MALCOLM MORRIS.

Dr. CROCKER. (1) *A man with iodide of potassium eruption and mitral disease* (also a drawing). The drug was exhibited for boils.

(2) *A woman aged 39 years, with iodide of potassium eruption.* Duration one week. Dose gr. x.

Dr. PAYNE. (1) *Case of xanthoma* of the limbs and back in a man, aged 33 years, of three months' duration. It was the second attack.

(2) *Lichen pilaris* of the legs, arms, and shoulders in a man, aged 38 years, of eighteen months' duration.

Dr. FOX. *Case for diagnosis.* A medical man, aged 30 years, with solid, violaceous, smooth plaques, of nearly two years' duration, localised on the backs of the hands. There was no scarring.

Dr. Fox though he had observed indications that the plaques were built up of papules, and from this and the colour he diagnosed *Lichen planus*. Dr. Crocker thought it an unusual phase of *Lupus erythematosus*. The patient thought it syphilis, which it certainly was not. *Note.*—The patient got quite well (drawing preserved). The case bore a striking resemblance to that portrayed by Dr. Crocker, *Journ. Cut. and Gen.-Urin. Dis.*, January, 1894.

#### ONE HUNDRED AND ELEVENTH MEETING, OCTOBER 11TH, 1893.

CHAIRMAN, DR. CAVAFY.

Dr. CAVAFY. *A typical case of the Pityriasis rubra pilaris of Devergie* in an early stage. The patient was a robust man, aged 21 years. The attack was of three months' duration, but the patient had had a previous attack lasting three months.

Dr. PAYNE. *A beautiful example of Dermatitis herpetiformis* in a

man, aged 55 years. The duration of the attack was one year. The patient had had three previous attacks.

Dr. MACKENZIE. *A case for diagnosis.* A very superficial case of Lupus erythematosus in a woman, aged 42 years, of twelve years' duration, and having a peculiar coarsely stippled, atrophic appearance.

Dr. SANGSTER. (1) *A case for diagnosis.* A girl, aged 2½ years, with numerous ? *neuro-papillomata* on the left leg, buttock and labium. The condition was observed at birth.

(2) A man, aged 22 years, suffering from his third attack of *Erythema multiforme* without ascertainable cause.

Dr. STOWERS. *A case of very obstinate pustular acne* in a lad, aged 19 years.

Dr. FOX. (1) A boy, aged 10 years, with *Acne scrofulosorum* (small pustular scrofulide); duration six months; distribution, arms and legs, especially thighs.

(2) A lad, aged 15 years, suffering from papulo-vesicular *Hydroa æstivale*, affecting only the face and ears and leaving pitted scars. This was his fifth attack in successive summers.

Dr. PRINGLE. (1) *A case of pemphigus* in a boy, aged 5 years, of three weeks' duration, in which, in addition to large blebs, small vesicles, solid papules, and erythema were prominent features. There was no itching.

(2) *A case of persistent lymphatic œdema* of the face in a young man, aged 22 years, of two years' duration, being an immediate sequela of enteric fever.

Mr. MORRIS. Two coloured photographs of a case of *angio-keratoma* of the hands and feet.

ONE HUNDRED AND TWELFTH MEETING, NOVEMBER 8TH, 1893.

CHAIRMAN, MR. MARMADUKE SHEILD.

Dr. STEPHEN MACKENZIE. A woman, aged 33 years, suffering from *diffuse sclerodermia* beginning on the thighs and abdomen, spreading over the chest to the arms as far as the wrists, and over the legs to the knees. The marked peculiarity of the case was the large amount of guttate atrophic spots and the blotchy pigmentation. The face was merely pigmented, not sclerodermic. There were

some typical spots of circumscribed sclerodermia with faint violet borders on arms. (Condition much the same and some new localised spots November, 1894.)

Dr. CROCKER for Mr. CAMPBELL WILLIAMS. A girl, aged 6 years, with new growths in *psoriasis* positions (knuckles, elbows, knees), of six months' duration, some of which had spontaneously disappeared. The growths had some of the appearances of xanthoma, but considerable difference of opinion was expressed.

See papers by exhibitors on *Erythema elevatum diutinum* in *Brit. Journ. Derm.*, January and February, 1894.

Dr. CROCKER for Professor CURNOW. A beautiful example of *Acanthosis nigricans*. The patient was a woman, aged 47 years, whose arms were riddled with scars of old scrofulous abscesses. The duration of the disease was four and a half years.

Dr. SANGSTER. A boy, aged 10 years, with *persistent seborrhœa* of the scalp and *severe defluvium capillorum*. A sequela of scarlatina.

Dr. STOWERS. A case of *localised hypertrophic Lichen planus* on the right leg only in an anæmic girl, aged 19 years, of two years' duration.

Dr. MARET TIMS, introduced by Dr. PRINGLE. (1) A woman, aged 38 years, with (?) *colloid milium* of nearly a year's standing, confined to the eyelids and ears.

Dr. LIVEING considered the case as different from those described by him and Dr. BROOKE, and said they were identical with those described by him as *hydradenoma*.

(2) A case of *diffuse universal sclerodermia* in a girl, aged 16 years, of three or four months' duration, in process of recovery.

Mr. SHEILD (1) A girl aged 19 years, with *deep ulcers* of the left forearm, of twelve weeks' duration, which had almost healed under treatment with white precipitate ointment and strapping, in a fortnight. The general opinion was that the lesions were self-inflicted.

(2) A boy, aged 8 years with patches of *crusted Lupus verrucosus* on the left forearm, of three years' duration, and large glands in the axilla.

Mr. HUTCHINSON, jun. A man, aged 53 years, with a *rodent ulcer* of the left cheek and side of the nose, of three years' duration, which had almost entirely healed spontaneously, leaving a fine scar  $1\frac{1}{2}$  by 1 in. There was a slight indication of active disease in the centre and at one border.

Dr. PYE-SMITH. A man, aged 50 years, with a *curious, extensive,*

*bilateral lupoid condition* affecting the trunk and limbs, and dating from the age of nine years. A granulomatous growth had been removed from the shoulder some years before, and a similar growth was present on the left side of the chest.

Mr. MORRIS. A *persistent, circinate, erythematous rash* on the buttocks and thighs of a boy, aged 12 years, and of three years' duration.

Dr. SAMUEL WEST. *An unusually severe, acute, Erythema multiforme* in a man, aged 21 years, of four days' duration. The face, neck, and arms, and to a less degree, the legs, were affected. The patient was taking iodide of potassium for syphilis contracted nine months before.

Dr. PERRY. (1) A man, aged 42 years, with *severe, superficial, erythematous lupus*, almost completely covering the face, of sixteen months' duration.

(2) A woman, aged 26 years, with *acute psoriasis* of three weeks' duration, chiefly on the trunk, and lichenoid lesions about the wrists.

(3) A woman, aged 38 years, with *diffuse, symmetrical scleroderma* of the forearms and legs of six months' duration, with history of numb extremities and rheumatism.

(4) *A tertiary lupoid syphilide* of the nose of eight months' duration in a man, aged 51 years.

Dr. PENROSE. *A case of discrete Pityriasis rosea* of three weeks' duration in a girl, aged 14 years. There was a large primary plaque on the thigh.

Dr. PRINGLE. *A minute, papulo-pustular scrofulide (Acne scrofulosorum)* on the legs, of twelve months' duration, in a girl, aged 22 years, suffering from advanced phthisis.

Mr. HUTCHINSON. (1) *Drawings of Lupus erythematosus disseminatus* and other unusual phases.

(2) Bazin's *Erythema induratum*, drawings of.

See Mr. Hutchinson's paper in the *Archives of Surgery*, October, 1893.

ONE HUNDRED AND THIRTEENTH MEETING, DECEMBER 13TH, 1893.

CHAIRMAN, DR. THIN.

Dr. SANGSTER. (1) *Cheloid* on the forearms and hands of a healthy-looking young lady. She was attacked by a cat last February, and



bitten and scratched. On these wounds keloid in nodules and in thick lines had grown. Several times some of these had ulcerated. Fine linear cheloid had also grown where the patient had scratched with a pin. She never had keloid before.

*Note.*—This case has since come under my observation with multiple patches of "Erythema gangrænosum," which, it is believed, were produced by hydrochloric acid. She developed blood-spitting and other symptoms without apparent cause and is a remarkable character.—T.C.F.

(2) *Case for diagnosis ? ichthyosis.* A man (G. C—); aged 24 years, with the skin universally affected from top to toe since babyhood. The skin was desquamating in large papery sheets, leaving red, rather erythematous, or inflamed, or tender areas. Here and there about the chest were some indications of pigmented papillomatous growths, especially round the nipples. There was no weeping or suspicion of bullous formations. The legs were in no way different to the rest of the surface. There was marked hyperidrosis of the palms and face.

*Note.*—See Keratolysis exfoliativa, *Brit. Journ. Derm.* (portrait), February, 1895, and Dr. Payne's case shown on November 12th, 1884.

(3) *Lentiginous pigmentation* from a pin-head to half-a-crown, dark in colour, disseminated thickly all over the trunk and thighs and arms, stopping at the neck, knees, and above the wrists. None was present in the mouth. The patient was a man, aged 22 years, and the duration was from birth. There was no itching. He said that a brother was similarly affected, and that his mother had it on the chest. She had cancer of the breast. He had never had any eruption or nettle-rash. Mr. Hutchinson mentioned a unilateral case.

Dr. PRINGLE. *Lichen planus ruber* in a man, aged 38 years, a baker, in good health, but very neurotic. It was localised to the wrists in March, but afterwards became generalised, except on the face, mouth, palms and soles. Typical papules occurred on the upper part of the chest and neck, and coalesced into patches. They formed a sheet over the lower two thirds of the trunk, but papulation could be detected in a side light. Confluent and scaly lesions were present on the forearms, and hypertrophic and corneous patches on the shins; the irritation was extreme. This was the first attack.

Mr. ANDERSON. (1) *Ichthyosis simplex* in a man, aged 26 years, since birth. The face was much involved and there were no ear lobes.

(2) *Syphiloderma papulosum circinatum* in a girl, aged 21 years, of five weeks' duration. The tonsils presented typical ulceration and the glands were enlarged. A circinate papule with rather broad borders was present on the side of the nose, and one or two in the hairy scalp by the temples. There was no history of general eruption or local discharges.

Dr. PERRY. *Case for diagnosis.* A man, aged 23 years, with a growth on the back of the proximal phalanx of the first left finger and the right little finger. The growth was raised, flat, smooth like a tableland. It was firm and solid, the border being rather indented and papulated. Some thought it was verruca, others suspected tuberculosis. The duration was six months.

*Note.*—Compare with Dr. Galloway's illustrated case, *Brit. Journ. Derm.*, June, 1899.

Mr. HUTCHINSON. (1) *Case for diagnosis ? sarcomata.* A man, aged 42 years, with three deep-seated circumscribed infiltrations on the left thigh, one apparently attached to fascia on the left buttock, and one on the right thigh. He enjoyed good health, and there were no subjective sensations. Two years previously he had a few on the left arm, which lasted a few weeks.

(2) *Iodide "sarcomata,"* a drawing of a case in the Whitechapel Infirmary. The old, feeble man was given iodide of potassium for rheumatism, and the eruption appeared. The iodide was persisted in as syphilis was diagnosed. The drawing shows opaque bullæ (? solid), from a pea to a nut in size. These finally sloughed and left sharply circumscribed round ulcers. It was localised on the face and chest?

It is an exaggeration of Tilbury Fox's case figured in the *Clin. Soc. Trans.*, 1878.

ONE HUNDRED AND FOURTEENTH MEETING, JANUARY 10TH, 1894.

CHAIRMAN, DR. RADCLIFFE-CROCKER.

Dr. CROCKER. (1) *Case for diagnosis : syphilis or Mycosis fungoides ?* The patient, a man, aged 20 years, came under treatment for Pityriasis rubra in the autumn recess. In the beginning of October he was given thyroid extract, gradually increased to twenty grains three

times daily. In the middle of December tumours appeared on the face, which were rounded, smooth, soft nodules, the size of a nut, of a brownish-red colour; only one of these, on the side of the nose, ulcerated. There was a deep perforating ulcer of the left soft palate, which many members regarded as syphilitic. No iodides had been given.

See February 14th, 1894.

(2) *Pruriginous eruption*. A man, aged 70 years, of intensely neurotic habit, with an extremely pruritic eruption of the trunk, and with much thickening of the skin, especially on the abdomen. This papular eruption had lasted for eleven months and resisted treatment.

Mr. Morris, under whose care the case had formerly been, regarded it as essentially a dermato-neurosis, and the papules as the result of scratching, a view shared by many members, but not accepted by the exhibitor.

(3) *Case for diagnosis: syphilis or Mycosis fungoides?* An Irish-woman, aged 43 years, who was obviously ill and suffering from an almost universal eruption of twelve months' duration and gradual evolution. The lesions consisted of flat, coppery, maculo-papules, mostly the size of the finger-nail or larger, the younger ones, however, being smaller. Each lesion was covered with a large, thin papery scale. Many, especially in outlying parts about the neck, were discoid in shape. They were said to have caused considerable discomfort at first. There were some desquamated patches on the tongue, but no evidences of syphilis in the fauces or elsewhere. Over the left flank was a soft, irregular, ulcerating plaque, the appearance of which was not generally regarded as characteristic of syphilis.

Dr. CAVAFY. *Case for diagnosis: telangiectases? left by Pityriasis rosea?* The patient was a boy, aged 13 years, with an eruption of ten weeks' duration. The lesions were macular, in size from a split-pea to a finger-nail, and were partly purpuric?, and partly pigmented and distributed over the trunk, arms, and the legs as far as the knees. The macules were not scaly. Their colour was most vivid over the inner and upper parts of the thighs. There was no rheumatic history and no pains, but some irritation, especially at night.

Dr. PERRY. *Gummatous syphilides*. A woman, aged 29 years, with an ulcerating nodular eruption of the face of four years' duration, a small gummatous ulcer just above the left breast, and a swell-

ing, believed to be periosteal, on the outside and just above the left ankle-joint. The lesion was of two months' duration. The case was brought forward to promote a discussion on the diagnosis of the various lesions from scrofulo-tuberculosis.

Mr. MALCOLM MORRIS. *Case for diagnosis: Lupus vulgaris?* The patient was a girl, aged 19 years, with nodules on the face of nine months' duration, which had greatly diminished in bulk under the influence of potassium iodide.

Dr. Perry, under whose care the case had formerly been, regarded the lesions as due to lupus, and Mr. Marcus Gunn had diagnosed an iritis as scrofulous.

Mr. WARREN TAY. *True zoster of the second and third divisions of the left fifth cranial nerve, or rather the deep scars left by such an eruption*, as distinguished from the ordinary Herpes facialis. There was an aggregation of scars on the left lower lip and chin, and two smaller patches just below the left temple. The woman had suffered from severe neuralgia night and day for five weeks on the left side of the face, and the eruption appeared in the middle of October leaving the scars mentioned, as well as anæsthesia of the left chin and left side of the tongue. The eruption extended on to the scalp beyond the temple, but had not left any scars there. Of the second division only the temporo-malar branches were affected.

Mr. MALCOLM MORRIS showed a man, aged 42 years, with a peculiar *alopecia of the scalp*, which commenced in October, 1893, and progressed continuously. There were no other cases known in the family. The eyebrows were very thin, but this had always been the case. There were no circumscribed patches, but a marked general thinning, and the hair broke off freely leaving clavate stumps. The white scalp contrasted with the high-coloured skin of the face.

Dr. SAMUEL WEST brought a man, aged 39 years, suffering from *Lupus vulgaris* of the entire face of twenty-three years' duration, in order to elicit views as to the most suitable treatment. The lupus was just beginning to invade the mucous membrane of the lip at the left angle of the mouth. No other sign of scrofulo-tuberculosis. The patient had suffered at eight years old from abscesses in the right groin consecutive to a poisoning of the foot.

Mr. HUTCHINSON exhibited two drawings of the back and front of the bust of a lady, who had *serpiginous ringworm*. Her children had ringworm of the ordinary type in their heads, and she herself

had pityriasis of the scalp, but without broken hairs. The disease in the mother was of about six weeks' duration, and fungus had been found.

ONE HUNDRED AND FIFTEENTH MEETING, FEBRUARY 14TH, 1894.

CHAIRMAN, MR. MARMADUKE SHEILD.

Mr. MALCOLM MORRIS. *Acanthosis nigricans* in a female, aged 35 years, of six months' duration.

*Note.*—For a full account with chromo-lithograph see the exhibitor's paper read at the Royal Medico-Chirurgical Society of London, June, 1894.

Dr. STOWERS. *Capillary nævus* on the flexor aspect of the left forearm of a baby, aged 4 months, supposed to correspond with an eagle tattooed on the arm of the father.

Dr. PRINGLE. *Multiple hard chancres* of the chin and a second smaller one at the junction of the nose and upper lip on the left side in a man. The corresponding glands beneath the chin were enlarged and indurated.

Mr. HUTCHINSON. *Case for diagnosis: ? peculiar Pityriasis rosea.* A young man with a macular eruption of six months' duration involving the whole trunk. The macules were smooth, shining, without scales, and dull red in colour. Round the sides the distribution was markedly in the lines of the intercostal spaces.

Dr. CROCKER. (1) *Case of multiple Lupus vulgaris* of four years' duration in a boy, aged 12 years, previously exhibited on February 10th, 1892. The patches had been quiescent, but suddenly became active and crusted.

(2) *Case for diagnosis: syphilis or Mycosis fungoides.* The man, aged 20 years, previously shown on January 10th, 1894. The nodules had subsided in a striking manner during the exhibition of potassium iodide.

Dr. COLCOTT FOX. *Lipomata.* A man, aged 28 years, with multiple, small, fatty, subcutaneous tumours of the trunk, thighs, one calf, and the arms. Lobulation could be detected in some of the tumours.

Dr. PENROSE. *Ichthyosis simplex.* Three children of one family, aged respectively 5, 9, and 17 years, with Ichthyosis simplex. The lobes of the ears were not affected. It was stated that the skin of each child was very red at birth.

Dr. PRINGLE. (1) *Morphœa guttata* in a girl, aged 12 years, of twelve months' duration, affecting the back of the neck, the forearms on both aspects, and the inside of both knees symmetrically. These regions were thickly studded with atrophic, white, rounded, shining macules, the size of split-peas or smaller, each surrounded by a congestive halo. The girl was in good general health and no cause for the condition was discovered. The case was very similar to that shown by the exhibitor on October 14th, 1885.

Mr. Hutchinson stated that years ago this condition was known as *vitiligo*.

(2) *Lichen planus* on the internal aspect of the lower part of the thighs, on the knees and legs of a woman, aged 34 years. The striking feature of the case was the existence of a continuous, unbroken band of papules, about half an inch in breadth, of recent evolution, extending from the left heel to the buttock. This began in the popliteal space and spread up and down. The lower end was quite recent, but some papules had faded, leaving pigmentation. Some were distinctly developed about the hair-follicles and were identical with the lesions of "*Lichen pilaris*."

Dr. Stephen Mackenzie stated that one of the cases of this kind described by him to the Harveian Society developed a generalised eruption which gradually subsided.

(3) *Cases for diagnosis*. A girl and a boy, aged respectively 12 and 10 years, with curious lesions of the nose; deep red nodules, the size of the head of a glass-beaded pin, some rounded, some "umbilicate." These nodules were mixed with tiny telangiectases. It was noticeable that the noses and eyebrows were bathed in sweat, and some lesions appeared to be almost sudamina or hydrocystomata.

Some members considered the cases to be examples of *Adenoma sebaceum*, others regarded them as probably *adenomata of sweat glands*. No biopsy was obtained. These cases were examples of *Granuloma rubra nasi*.

Dr. SANGSTER. *Corymbose acneiform syphilide* of the trunk and face in a girl.

Mr. HUTCHINSON. *Epithelioma and cutaneous horn developing from the right cheek in a case of widely diffuse chronic Lupus vulgaris*. The cutaneous horn began to grow as a "seedy wart" eighteen months previously, and has attained enormous proportions. The skin at the base within the shell of horn had become epitheliomatous. Mr. Hutchinson also showed a drawing of the same.

Dr. STEPHEN MACKENZIE. *Recurrent erythema of the hands* in a middle-aged woman. The characters were unfortunately rather faded.

Mr. HUTCHINSON. A drawing of *lentigo-melanosis* of the eyelids in a woman.

*Note.*—See *Arch. of Surg.*, vols. iii and v (plate).

# ONE HUNDRED AND SIXTEENTH MEETING, MARCH 14TH, 1894.

CHAIRMAN, DR. CAVAFY.

Dr. SAMUEL WEST. *Case for diagnosis.* A woman, aged 26 years, with a symmetrical, solid, board-like infiltration of each cheek in front of each ear, as extensive as the palm of the hand. The duration was about three months. Behind the left ear the induration had nearly disappeared, but there were still some isolated nodules very like syphilides. The solid, diffuse infiltration, which involved the whole depth of the skin, was like some phases of sclerodermia or sarcomatous plaques, but the general impression was in favour of syphilis. Iodide of potassium had done some good. The family history shed no light on the case. She had one boy who was living.

Mr. MALCOLM MORRIS. *Lupus erythematosus* of peculiar aspect, and of eight years' duration, on the cheeks, nose and ears of a woman, aged 43 years.

Dr. PERRY. *Typical telangiectatic Adenoma sebaceum* of four years' duration only, in a boy, aged nearly 9 years, dull-witted and subject to fits. His body also was dotted with numbers of moles and warty growths of various aspects.

Dr. SANGSTER. *Case for diagnosis: ? plane warts, milium or comedones.* A boy, aged 9 years, with aggregations of little lesions on the face of thirteen months' duration.

Mr. MALCOLM MORRIS. (1) *? Inherited syphilis.* A child, aged 16 months, with an enlarged spleen and hæmorrhagic maculo-papules on the eyebrows and thighs of four months' duration. The mother never had any still-births, and had three children living.

The general opinion was in favour of syphilis.

(2) *Urticaria pigmentosa.* A child, aged nearly 2 years, with a

very few tawny stains. The child was born with two "blisters," and the other lesions were of about twelve months' duration.

Dr. Fox, under whose care the child had formerly been, said he had made the diagnosis of *Urticaria pigmentosa*, and thought the affection quiescent except that the old stains reddened up from time to time under irritation.

Dr. PERRY. *Syphilitic gummata or Bazin's disease (Erythème induré)*. A woman, aged 55 years, with gummatous-looking nodules as big as pigeons' eggs on the legs. The lesions were scanty and did not ulcerate. The duration was thirteen years. There was a scar on one shin.

Mr. WILLIAM ANDERSON. *Case for diagnosis* previously shown (Bryant). The woman, aged 20 years, had both legs, from the knees downwards, thickly covered with discrete lesions. Some were papular, like *Lichen planus*, some vesicate occasionally. The duration was thirteen years.

Dr. STEPHEN MACKENZIE. *Acne scrofulosorum* (previously shown on February 8th, 1893) in a woman, aged 21 years, dating from the age of fourteen years. On the calves were large nodules like tubercular syphilides. On the extensor aspect of the limbs the lesions were acneiform and necrotic with a sunken crust, leaving deep scars as in *Acne varioliformis*. Very few lesions occurred on the face. She had suffered from a glandular abscess of the neck, and her sister and father had died of phthisis.

The close resemblance of the lesions to those of *Acne varioliformis* was commented upon.

Dr. SANGSTER. *Lupus erythematosus*, with implication of the scalp of six years' duration, in a woman, aged 26 years.

Mr. HUTCHINSON. *Lentigo-melanosus* of the eyelids in a lady.

Mr. WILLIAM ANDERSON. *Lichen planus in circinate patches* on the legs of a woman, aged 42 years, of twenty years' duration. There was some difference of opinion as to the mode of formation of the rings.

The general opinion was that they were formed by the clearing up in the centre of confluent aggregations of papules. The latter were somewhat hypertrophic.

Mr. MORRIS. Marked *dermatographism* in a man, aged 24 years, and numerous scars, chiefly on the trunk, apparently due to an urticaria, which was followed by atrophy of the skin. Mr. Morris



brought this case forward as a further illustration of the condition to which he had previously called attention.

Dr. SAMUEL WEST. Symmetrical *Lupus erythematosus* of the superficial congestive type on the cheeks, ears, and hands of a man, aged 26 years. There was no scarring. The man suffered from chilblains of the feet.

Dr. SANGSTER. *Comedones* ? of face in a man.

Mr. HUTCHINSON. Case of *Lichen planus* in a man.

Dr. COLCOTT FOX. (1) Microscopical specimens of *erythrasma*, displaying the extraordinary abundance of the fungus present.

(2) Drawings of *Bazin's Erythème induré*.

(3) Drawing of *Lichen planus* ? in an infant (probably *Lichen urticatus*).

#### ONE HUNDRED AND SEVENTEENTH MEETING, APRIL 11TH, 1894.

CHAIRMAN, DR. G. C. PERRY.

Dr. STOWERS. (1) *Psoriasis of the nails* in a gentleman with a strong family history of psoriasis. The duration was three years.

(2) *Acne varioliformis* in a man, aged 34 years, of twelve months' duration. The forehead and face were slightly marked with a few pitted scars, and there were a few round one *ankle*. There were enlarged "bullet" glands in the neck.

Dr. CAYLEY, introduced by Dr. PRINGLE. *Nodular eruption for diagnosis*. The patient was a boy, William F—, aged 12 years, with nodules on the hands. The nodules were from a bead to a split-pea in size; some reddish, hard like cartilage, some situated distinctly in the skin and standing out prominently, others deeper seated (? on the fascia or tendons or periosteum). One nodule over the thyroid cartilage was entirely in the skin. The fingers were flexed owing apparently to fibroid thickening of the palm tendons and they were shiny. The boy had a mitral murmur. About six months previously he had gone to see a football match on a cold and foggy day. On his return home he found both hands swollen; the knees became "stiff" subsequently for a short time. The general swelling had subsided about six weeks before; the nodules persisted. The fingers had gradually become flexed. There was no family history

of rheumatism except the case of one sister who had "rheumatic fever" for a few days. The points for discussion were whether these nodules were to be regarded as an unusual form of true *rheumatic nodules* or as an example of so-called *Erythema elevatum diutinum* (Crocker), and what was the relation, if any, of the latter to rheumatism.

See *Clin. Soc. Trans.*, vol. xxvii, p. 272.

Dr. PERRY. (1) *Warty-looking nodules* on the hands (back and front) in a man, aged 18 years, suffering from *lymphadenoma*. These nodules were 'most like ordinary warts and not quite like those attributed by Mr. Hutchinson to the influence of arsenic. The soles of the feet were very tender, and the man was hoarse. He had certainly taken increasing doses of arsenic for fifteen weeks and probably longer, for he had been under treatment for a considerable time. A precise history, however, of the medicines exhibited and the date of evolution of the "warts" could not be ascertained.

(2) *Case for diagnosis: ? Lupus vulgaris*. A boy, aged 6 years, with reddish nodules over the nose of twelve months' duration. Two nodules reached the size of split-peas, the rest were smaller and of recent origin.

(3) *Lichen pilaris (spinulosus)* in a boy, aged 11 years, of two months' duration. The aggregations of miliary red papules with protruding spines occurred on the back of the neck, the arms, the flanks and thighs.

Dr. SAMUEL WEST. *Lichen pilaris (spinulosus)* in a boy, aged 8 years. This case was almost the exact counterpart of Dr. Perry's.

Mr. SHEILD. *Acquired syphilis* in a girl, aged 8 years. She had what were generally regarded as mucous patches on each half of the middle of the tongue, and general adenopathy, but no other symptoms or history were disclosed.

Dr. SANGSTER. *Typical general miliary Lichen planus* of three months' duration in a boy, aged 14 months. Great itching was present.

Mr. HUTCHINSON. *Extensive spindle-celled sarcoma* of the abdominal wall of thirty years' duration in a woman, aged 50 years, never operated upon. Mr. Hutchinson showed the drawings of two other cases of a somewhat similar character, one of which proved fatal.

*Note.*—See model of a shoulder in the Royal College of Surgeons, and Mr.

Hutchinson on the "Thelan Group of Sarcomata," *Archives of Surgery*, January, 1895, p. 12.—T.C.F.

Dr. PAYNE. *Hypertrichosis* of the shin of a child following the treatment pursued for the cure of *Lupus vulgaris* of the shin and cheek.

Dr. PERRY. (1) *Erythema faciei* (? *Lupus erythematosus*) in a young adult girl of four years' duration. The redness is in diffuse red patches across the nose and cheeks, and it comes and goes. No scarring was detected.

(2) *Tertiary ulcerating syphilide* of the nose in a man, aged 24 years.

Mr. SHILLITOE, introduced by Dr. ALDERSMITH, showed a case of *congenital syphilis* and an ulcerative lesion of the nose in a girl, aged 21 years.

Mr. MALCOLM MORRIS. *Arsenical keratosis and pigmentation* in a woman, aged 44 years, suffering from extensive *Lupus erythematosus* of the face and scalp, beginning on the left cheek. She had been heavily dosed for fifteen months with arsenic, and displayed widely diffused arsenical pigmentation with the characteristic minute white points, and also keratosis of the palms and soles.

Dr. COLCOTT FOX. *Keratosis and pigmentation* of the palms, etc., in a girl, aged 12 years. One palm is especially thickened and also the left side of the neck. The mother said the skin was darkening over the face, axillæ, abdomen, etc., and it was evident on close examination that both pigmentary and hypertrophic changes in the superficial layers of the skin were taking place, but these were at present ill-defined. The girl was very tuberculous looking.

The suggestion was thrown out that the case might be one of early *Acanthosis nigricans*.

# QUARTERLY SURVEY OF DERMATOLOGICAL LITERATURE.

## ERYTHEMAS AND INFLAMMATIONS.

- Acne, Necrotic, and Serpiginous Ulceration of the Nose (Kaposi).** POISOT. (*Ann. de Derm. et de Syph.*, August–September, 1907, p. 566.)
- Dermatitis Exfoliativa Neonatorum (Ritter's Disease).** (*New York Med. Journ.*, September 28th, 1907, p. 573.)
- Dermatitis Herpetiformis, The Localisation of.** BOECK. (*Monats. f. prakt. Derm.*, September 15th, 1907, p. 277.)
- Erythema, Streptococcal, and Scarletina.** GABRITSCHESKY. (*Berl. klin. Wochenschr.*, May 6th, 1907; abstr. *Brit. Med. Journ.*, epitome, September 28th, 1907, p. 48.)
- Erythema Toxicum Bullosum and Hodgkin's Disease.** B. BLOCK. (*Archiv f. Derm. u. Syph.*, October, 1907, p. 287.)
- Erythrodermia Exfoliativa Universalis Pseudoleukämica.** WECHSELMANN. (*Archiv f. Derm. u. Syph.*, October, 1907, p. 205.)
- Erythrodermia, Generalised Exfoliating, On a New Type of, with Urticarial Aspects.** PAUTRIER and FAGE. (*Ann. de Derm. et de Syph.*, July, 1907, p. 433; August–September, 1907, p. 545.)
- Erythromelalgia combined with Basedow's Disease, On a Case of.** (*Deutsch. med. Wochenschr.*, October 3rd, 1907, p. 1634.)
- Herpes Recurrens of the Face in Infants.** W. DUBREUILH. (*Journ. de Med. de Bordeaux*, August 11th, 1907, p. 501.)
- Hydroa Yacciniforme and Spring Catarrh, On.** KREIBICH. (*Wien. klin. Wochenschr.*, October 17th, 1907, p. 1286.)
- Lichen Obtusus Corneus, An Unusual Type of Lichenification.** C. J. WHITE. (*Journ. of Cut. Dis.*, September, 1907, p. 385.)
- Lupus Erythematosus.** M. L. HEIDINGSFELD. (*Journ. of Amer. Med. Assoc.*, September 7th, 1907, p. 830.)
- Multiple Abscess of the Skin of an Infant due to Bacillus Coli.** M. B. AUCHÉ. (*Journ. de Méd. de Bordeaux*, August 18th, 1907, p. 517.)
- Pemphigoid Eruption, Hæmorrhoids, Pityriasis Versicolor, and.** X. ARNOZAN. (*Journ. de Méd. de Bordeaux*, September 8th, 1907, p. 565.)
- Pemphigus, Dechlorinated Diet in (Dechlorination).** MICHELEAU. (*Arch. gén. de Méd.*, July, 1907; abstr. *Brit. Med. Journ.*, epitome, October 19th, 1907, p. 59.)
- Pemphigoid Disease of West Africa, Description of a Diplococcus found in the Lesions of a Severe Chronic (Isolation of a Coccus styled *Micrococcus dermolyticus*, sp. nov.).** F. C. WELLMAN. (*Journ. of Trop. Med. and Hygiene*, August 1st, 1907, p. 249.)
- Pemphigus Neonatorum, The Spread of.** KOWNATZKI. (*Münch. med. Wochenschr.*, September 24th, 1907, p. 1923.)
- Pityriasis Rubra of Hebra with Tuberculosis of the Lymph Glands.** O. MÜLLER. (*Archiv f. Derm. u. Syph.*, October, 1907, p. 255.)

- Universal Erythrodermia**, The Histology of the Depressed White Spots in. FELIX PINKUS. (*Derm. Zeitschr.*, November, 1907, p. 669.)
- Vaccinia Generalisata**. DANZIGER. (*Münch. med. Wochenschr.*, August 6th, 1907, p. 1583.)
- Zona, Ophthalmic Infantile**, Case of. GINESTONS. (*Journ. de Med. de Bordeaux.*, June 23rd, p. 393.)

#### GRANULOMATA.

- Cutaneous Tuberculosis**, Report of a Series of Cases of Small Pustular Scrofulide (Duhring). J. F. WALLIS. (*Journ. of Amer. Med. Assoc.*, July 13th, 1907, p. 134.)
- Glanders**, The Diagnosis of, in the Human Subject from the Point of View of the Veterinarian. A. SILKMAN. (*Med. Record* [New York], October 5th, 1907, p. 558.)
- Granuloma Pudendi**. W. SIEBERT. (*Archiv f. Schiffs u. Trop. Hyg.*, Band ii, No. 12; abstr., *Brit. Med. Journ.*, epitome, September 28th, 1907, p. 47.)
- Leprosy**, Two Lectures on. F. M. SANDWICH. (*Clin. Journ.*, October 23rd, p. 26, October 30th, p. 39.)
- Lupus Pernio**, Contribution to the Knowledge of. BRUNO BLOCK. (*Monats. f. prakt. Derm.*, August 15th, 1907, Bd. 45, No. 4, p. 177.)
- Lupus Vulgaris of the Face**, Rôle of the Pituitary Mucous Membrane of the Nose in the Pathogeny of. H. CABOCHE. (*La Presse Medicale*, September 25th, 1907, p. 609.)
- Lupus Vulgaris**, Eighty Cases of. W. KENNETH WILLS. (*Bristol Medico-Chirurgical Journal*, June, 1907, p. 127.)
- Sporotrichoses**, Tuberculoid. DE BEURMANN and GUGEBOT. (*Ann. de Derm. et de Syph.*, August-September, 1907, p. 497; October, 1907, p. 603.)
- Tuberculous Skin Affections**, On the Diagnosis and Therapy of. NAGELSCHMIDT. (*Deutsch. med. Wochenschr.*, October 3rd, 1907, p. 1631.)
- Yaws (Framboesia Tropica)**, Remarks on the Bacteriology and Treatment of. ALEX. ROBERTSON. (*Brit. Med. Journ.*, October 5th, 1907, p. 868.)

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- Addison's Disease in Children**. D. FELBERBAUM and E. A. FRUCHTHANDLER. (*New York Med. Journ.*, August 10th, 1907, p. 256.)
- Bronzed Diabetes**, On the Skin Alterations in. HELLER. (*Deutsch. med. Wochenschr.*, July 25th, 1907, p. 1216.)
- Epidermis Pigment**, Experimental Contribution to the Genesis of. W. HELLMICH. (*Monats. f. prakt. Derm.*, August 15th, 1907, Bd. 45, No. 4, p. 184.)
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- Fayus**, A New Fungus of (Achorion Gypseum). BODIN. (*Ann. de Derm. et de Syph.*, October, 1907, p. 585.)
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- Uviol Light**, The Action of, on the Skin, and its Therapeutic Use in Dermatology. STEIN and HESSE. (*Münch. med. Wochenschr.*, February 12th, 1907, and *Archives of Röntgen Ray*, August, 1907.)
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## CURRENT LITERATURE.

**ON TRICHONODOSIS (GALEWSKY).** E. SAALFIELD. (*Archiv f. Derm. u. Syph.*, October, 1906, p. 245.)

SAALFIELD has observed two cases of the peculiar anomaly of the hair which Galewsky described under the heading of "trichonodosis," and of which the writer of this abstract has recorded a case in a recent issue of this journal (*B.J.D.*, 1907, xix, p. 40). In both Saalfeld's cases it was the pubic hairs which were affected and became knotted. In one case the patient suffered from hyperidrosis of the scrotum and intense pruritus of the scrotum and neighbourhood. In the other there was pruritus of the genitalia associated with glycosuria. The nodes consisted of "double knots," which the writer believed to have been mechanically produced by rubbing the part, and not to have been due to any anomaly of growth of the hair.

J. M. H. M.

**A RARE CASE OF LEUCODERMA SYPHILITICUM.** L. LOEW. (*Archiv f. Derm. u. Syph.*, November, 1906, p. 241.)

IN the above case the leucodermia occurred about the genitals, the genito-crural folds, and the inner surfaces of the upper parts of both thighs of a woman, aged 26 years. This situation is unusual, and out of 370 cases recorded by Neumann it only occurred in three.

**DARIER'S DISEASE.** W. ALLAN JAMIESON. (*Edin. Med. Journ.*, January, 1907, p. 32.)

THE case which forms the basis of this paper was that of a domestic servant, aged 32 years. Her skin-affection had begun almost simultaneously on the left leg and in the sulcus behind the ears three and a half years before she came under the writer's observation. From there it spread to the thigh, abdomen, chest, and back. The hair was plentiful, but the scalp was dry and covered with thick sebaceous scales. The initial lesions seemed to consist of a truncated cone, the size of a millet seed, with a yellowish point in the centre, or covered by a pale yellow adherent crust. The surface attacked was only partially covered with these lesions, and resembled somewhat a contour map of a mountainous country. On removing the crusts a pinkish, rough surface was exposed. The disease was at its worst in the centre of an affected area where the lesions were more crowded together; while at the margins they were isolated, less prominent, and manifested their primary type. The treatment consisted in poulticing with boric starch poultices to soften the accretions; then the application of resorcin-salicylic soap, and resorcin 40 gr. in glycerine of starch 1 oz. This thinned, but did not wholly get rid of the accumulations, and they tended to re-form rapidly. A piece of skin, including two or three lesions, was removed for microscopical examination, and showed appearances closely corresponding to those figured and described in Darier's original paper. This contribution is illustrated by photographs of the left thigh where the disease was most marked, and of sections of the excised lesion which show the characteristic histological appearances.

J. M. H. M.

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